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Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power, to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—GRAVES' CLINICAL MEDICINE.

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BARTON'S OPERATION FOR BONY ANCHYLOSIS OF KNEE-JOINT.

BY GEO. C. BLACKMAN, M. D.,

Professor of Surgery in the Medical College of Ohio, etc.

During a recent professional visit to Eaton, O., my friend Dr. A. H. Stevens, had the kindness to show me a young gentleman on whom I performed the above operation in April, 1861. The result has been most gratifying. The leg is very slightly flexed, and the patient walks with a gait nearly natural. In looking over the records of the old St. John's Hospital, I find a report of the case carefully drawn up by Dr. Thomas Macmillan, a well-known surgeon of the regular army, and who, at that time, was one of the resident physicians of the institution. We copy the more important details of this report:

"Benjamin F. Stark, æt. twenty, farmer, admitted April 1st, 1861. Eleven years ago cut his right knee with an axe, making a wound seven inches long and a quarter of an inch in depth, on the inner side of the knee. This was followed by great inflammation, and when it subsided the joint was stiff and the limb straight. Some months afterwards the leg began gradually to become flexed, and finally became immovably fixed at a point which left the heel about eight inches from the floor, or nearly at a right angle. On the 2d of April, the patient being fully under the influence of chloroform, Prof. B. attempted with great force, but unsuccessfully, to break up the adhesions. In this he was assisted by Drs. Tripler and Foster. On the 5th of April, assisted by the same gentlemen, Prof. B. proceeded to perform Barton's operation of exsecting a wedge-shaped piece of bone.

A semilunar incision was made over the front part of the thigh, commencing about two and one-half or three inches above the condyles. The soft parts were then detached and reflected so as to expose the bone. The saw was now applied so as to remove a wedge-shaped piece of the femur, measuring on its anterior surface about one and three-quarters of an inch in extent. At the apex of the wedge, on the posterior surface the bone was not completely divided, a few lines in thickness having been left. The patella being very prominent, the greater portion was removed. The hemhorrhage was very trifling, no vessel requiring a ligature. The flap having been replaced and secured with stitches, the limb was placed in a McIntyre's splint, the angle of which being that of the limb before the operation. The patient rallied well from the operation, and the following night was passed comfortably under the influence of a quarter of grain of sulph. morphia. The next morning he suffered considerable pain, and there was some oozing of blood from the corners of the wound, which was checked by the application of cold. From the 6th to the 13th of April he suffered at times some pain in the limb, which, however, was soon relieved by small doses of morphia and mild cathartics. On the 16th there was a profuse discharge of pus from the inner angle of the wound. This was materially diminished by the 19th, when moderate extension was made, which produced considerable uneasiness along the lower and posterior portion of the thigh. This soon subsided, and from day to day gradual extension was continued. Until the 26th of the month patient occasionally suffered from twitching of the limb, which seemed to be bent outward at the point of operation. On the 27th, the patient being under the influence of chloroform, the splint was removed while the limb was straightened, after which it was re-applied. May 17th, a piece of bone of irregular shape, and about an inch in length, was removed from the outer side of the leg, and on the 25th a second piece of about the same size was extracted. From this time the healing of the wound was rapid, and, as on the 1st of July, the openings were all closed, and the limb perfectly solid, he was discharged cured."

Dr. S. W. Gross has given in the *American Journal of the Medical Sciences* for April, 1868, a summary of the cases in which Barton's operation for osseous anchylosis of the knee has been performed since 1835, in thirteen cases, the result in two being fatal, the patients dying of hectic irritation and exhaustion. In eight cases in which Barton's operation was modified so as to remove a cuneiform piece of bone from the anchylosed joint, as practised by Dr. Gurdon Buck in 1844, two died of pyæmia. As is well known, the late Prof. Brainard was the first to propose sub-cutaneous drilling and fracture of the femur as a substitute for Barton's operation, although he was preceded one year in its execution by Prof. Pancoast, of Philadelphia. Prof. Gross has modified Brainard's operation, drilling the osseous bands until they are sufficiently weakened to yield to "forcible manual extension," and to admit of fracture of the undivided portions of the new bone.

Prof. Gross' first operation was in 1861, and the drilling was applied to break down true anchylosis. Prof. Brainard, however, did, in 1859, apply sub-cutaneous perforation to the joint itself in a case of false anchylosis, a proceeding characterized by Dr. S. W. Gross in the paper alluded to, as "bold and unwarrantable." The result of his operation was fortunate, as it was in the five cases in which it was performed by Prof. Gross.

In conclusion, we can not do better than to quote the remarks of Dr. S. W. Gross appended in his detail of cases which occurred in the practice of his father, S. D. Gross:

"In the first case, the man was able to be about on crutches at the end of three weeks, and to walk without artificial aid in three weeks more. In the second, crutches were used at precisely the same date, but the young lady was unable to move about without their assistance until the expiration of four months. In the third case, the patient was on crutches in five weeks, and walked without them in ten weeks; and in the fourth, crutches were used in a fortnight, and the lad dispensed with them entirely in seven weeks. In the case of Dr. Maury, dates upon these points are wanting. The mean duration of confinement in bed was, therefore, twenty-three days, and the average length of time at which the patient was able to walk without artificial aid, ten weeks. It will thus be perceived that the duration of treatment was no longer than that required for the cure of a simple fracture of the thigh.

"Subcutaneous perforation and disruption of angular synostosis of the knee, for the relief of the deformity arising from it, is for the following reasons, recommended as a substitute for all other operations:—

"1. Being a subcutaneous procedure, it is, on that account, far less hazardous than the operations of Barton and Buck, which are a species of compound fracture, and, therefore, liable to all the dangers and accidents which attend that injury.

"2. The shortening is far less than that resulting from any of the other methods of cure, this, indeed, being entirely dependent upon the pleasure of the surgeon. Shortening of one inch is, however advised, since it renders locomotion less awkward.

"3. It occasions no unsightly deformity at the knee itself, beyond flexion at a very slight angle. Both Brainard's and Barton's operations, more particularly the latter, are attended with an ugly deformity, from the knee being rendered unusually prominent by bending the limb at the point of fracture of the femur. Although Buck's procedure leaves a more symmetrical limb than either of these methods, this advantage is counterbalanced by the protracted sufferings, undue shortening, and greater mortality resulting from it.

"4. The duration of treatment is much shorter, thereby subjecting the patients to less inconvenience and annoyance from prolonged confinement in the recumbent posture.

"5. The object of the operation being to break down and weaken the osseous bands in such a manner as to permit them to be fractured with a moderate degree

of force, the popliteal artery is not endangered. In one of the cases by the method of Barton, the femoral artery had to be taken up the thirteenth day, on account of bleeding from the popliteal, which had been injured by a sharp point of bone.

"The reporter has thus referred to twenty-six cases, and given the details of four, of synostosis of the knee at a faulty angle, relieved by surgical interference. Four only of the entire thirty were fatal, thereby affording a mortality of 13.33 per cent., and showing, contrary to the assertions of some eminent surgeons, that such a condition is remediable without great risk to life. When it is remembered that angular osseous anchylosis is always awkward and annoying, and renders the limb useless and often so much of an encumbrance as to demand from the patient a so-called "amputation de complaisance," than which no operation is more lethal, this death-rate can not be considered excessive.

"Of these thirty operations, thirteen were performed after the method of Barton, of which two, or 13.58 per cent., were mortal; eight were practised after the method of Buck, and of these two, or twenty-five per cent., ended in death; four were of the nature devised by Brainard, all of which were successes; and five were after the method described in this paper, all of which likewise recovered. The first twenty-one, partaking, as they did, of the nature of compound fractures, alone furnished the mortality, thereby affording additional evidence of the superiority and comparative innocousness of subcutaneous operations."

ARTIFICIAL HIP-JOINT.

BY A. J. ERWIN, M. D., FORT WAYNE, INDIANA.

Reported by Dr. Kenner.

The subject, Miss Murphey, of LaGro, Indiana, aged seven years, had morbus coxarius of the left hip, which commenced early in 1864. Had constantly discharged pus and bone spicula until December, 1866, at which time, under the care of Dr. Tobey, the sinus healed, leaving the limb so greatly contracted as to bring the thigh in contact with the abdomen, in which position it was firmly held by bony anchylosis of the joint.

For the correction of this distressing deformity, Dr. Erwin, of Fort Wayne, was consulted, who operated in November, 1867, Drs. Tobey and Wright assisting. The patient was anæsthetized, and extension made with considerable force, evincing a strong bony union, which could not be broken up. Two incisions were made, bringing to view the posterior surface of the great trochanter at its union with the neck and shaft of the femur, from which he excised transversely an obtuse section of the bone without severing its anterior surface,

which thin segment was retained to secure the sections in apposition until plastic union should occur. The wound having been thoroughly cleansed, the limb was easily extended to its proper position without the division of tendons. The soft parts were closed by sutures and adhesive straps, and the patient put to bed on a solid mattrass, with a weight suspended to the limb to keep it extended, without the assistance of splint or other apparatus. Cold-water dressings were freely applied, and pain relieved by means of opiates.

The wound healed mostly by first intention, and was entirely closed by the third week. On the twentieth day after the operation, antero-posterior motion of about eight inches at the knee was made and continued once daily until the patient was able to move the limb, which prevented the tendinous connection from ossifying, forming a new articulation on the plan of the original joint, which appears to equal its predecessor in strength, symmetry and adaptation. Six weeks from the operation she walked by the aid of crutches. Six months later, she abandoned crutches and cane, with fair use of the new joint, which has since so much improved that, although one inch short, no difference can be recognized in the contour or action of her limbs. She runs as fast and plays as actively as girls of her age, without pain, inconvenience or limping.

THE TRUE AND THE FALSE IN THE PROFESSION OF MEDICINE.

BY DR. WILSON HOBBS, CARTHAGE, INDIANA.

(Read before the Union Medical Society at Knightstown, Indiana, at their April session, 1869, and by their order offered for publication.)

Science is a term used to designate a collection of the general principles and leading truths relating to a subject, systematically arranged and classified.

Truth is divine, and might exist were there no human intelligence to perceive it; but it must be collected and arranged before it can be called a science. There was a period in human history when "the general principles and leading truths" relating to all knowledge were unknown—when the several sciences were unborn. God and Nature had done their work, but labor and thought had yet to begin. When our fathers began their search for knowledge, they found, as

we do, truth and error strangely mixed, and their untutored thought too often had not the wisdom to distinguish the one from the other. Their means of demonstration were so uncertain, and their plans of inquiry so inefficient, that their conclusions were generally full of error. The more ancient sciences have had a perilous voyage through superstition and ignorance—each succeeding age has sifted out a little error, and added its stock of precious truth. The nineteenth century has received these treasures of knowledge, a rich legacy from the dead ages, and with an amount of educated mind which the world never before possessed, and new means of inquiry and demonstration, we may now reasonably hope that hereafter little will be enrolled upon the records of science which truth does not acknowledge.

We have gained the accumulated facts which constitute the science of medicine by methods of inquiry and analysis similar to those which have established the laws of mechanical philosophy. Our unfortunate race, since our first parents were ejected from the garden of Eden, have ever been the victims of disease and accident. Mother Eve opened Pandora's box upon us, and the countless ills have been busy from that day to this. True to the natural instincts, a way was early sought by our ancestors to bind up the wounded, heal the sick and smooth the dying pillow. These are offices alike dictated by Divine command and the necessities of our common nature. Philanthropy could labor in no wider field, nor desire a richer reward.

The historical records which we possess respecting the progress of practical medicine are scanty and uncertain. The writers who have investigated this point with the greatest learning and assiduity, inform us that Egypt was the country in which the art of medicine, as well as all other arts of civilized society, was first cultivated with any degree of success. From some remarks which are incidentally made in the Mosaic writings respecting the learning of the Egyptian priests, it would appear that it consisted in a great measure of the employment of magical incantations, and so far, therefore, as it effected a cure of disease, it must have operated through the medium of the imagination. This has been, in all ages, the first step in the art of medicine, if such it may be called, and its efficacy must have been in exact proportion to the superstition and ignorance of the people upon whom it was practiced.

We can scarcely be said to have had a science of medicine up to the time of Hippocrates. He is justly considered the father of medicine, and many of the doctrines which he taught and the plans of

medication which he practiced, have withstood the test of ages, and will ever keep his name in remembrance. The impetus thus given to this noble science, so ancient in origin, so beneficent in mission, it grew with ages, and its history now enrolls the names of many of the greatest thinkers and benefactors of our race. No other science bears upon its banner the names of such a host of worthies—no other has grown from closer observation, deeper research, or more extensive or varied experiment.

The motto in this science has ever been the apostolic one: "Prove all things, and hold fast to that which is good." Every accepted principle has been tried in the retort and crucible, and weighed in the balance. All the collateral sciences have lent their aid in the discussion of questions arising out of the nature of disease and its proper treatment. The earth, the air and the ocean have been ransacked for remedies, each of which when presented, has been examined by all the force of intellect and all the accumulated knowledge which the world possessed. There is scarcely a disease which human flesh is heir to, upon which volumes have not been written, and upon many whole libraries have been written. There is not a standard plan of medical practice which has not endured as close research, as deep investigation, as any method in any science. There is not an accepted remedy in our Materia Medica, that has not been turned and turned again, observed and reobserved—its effects in every possible direction noted, under every variety of circumstances—in every quarter of the globe—upon all races of men—on many of the inferior animals, and the conclusions drawn and recorded for the benefit of our race.

At an early period in the history of the science of medicine, it was divided into different departments of knowledge, each of which is but a part or parcel of this great fund of truth which constitutes it. It has been thus arranged to facilitate study and investigation, and combined they constitute one harmonious whole, which would be incomplete with the loss of any of the parts. These sister classes have grown up from the same and cotemporaneous research, the separate truths developed by equally correct modes of observation, and the principles established by the same exact rules of evidence. All ages have contributed a stock to this common fund—all nations have brought their tribute of truth, and poured it into this treasury of knowledge. It is still in its youth, with many faults which other years may correct, but for that reason not less a science.

There can be but one science relating to a simple class of knowledge. As there is but one science of chemistry, or geology, or mathematics, so there is but one science of medicine. The fund of knowledge tributary to the healing art, sifted through six thousand years, bought with more brains than any other science, is the science of medicine—the one and only science of medicine—none of the *isms* and *pathies* which empirics have sought to impose upon the credulity of the unsuspecting, but the true eclecticism of the regular school, the rich inheritance which our fathers bequeathed us, and which, as worthy sons, it is our duty to improve, honor and defend.

Medicine is not an exact science. Much of the knowledge which it accepts is not susceptible of that absolute and positive demonstration which would be desirable, and which is attainable in mathematics and mechanical philosophy. This difference does not arise from a lack of uniformity in the laws of nature as they apply to the animal economy, but from the incompleteness and uncertainty of our knowledge of them.

The animal is a wonderful mechanism—an aggregation of numerous parts with certain inter-dependencies in health and in disease. Within certain limits injury or disease of any of these many parts will disorder other parts, or the whole organism. Besides this, each of these parts, as well as the whole frame, bears a certain relation to the world in which it is placed and all objects around it.

When utilized by the *life* principle, it performs the work of a great chemical laboratory, many of whose processes, with our present knowledge of physiology and chemistry, are inscrutable to the human understanding. Add to this the fact that the whole machine is shut in from eye and sense, except the external surfaces and a few approaches to the interior, and we realize that we have a great problem before us, with few certain data upon which to begin the solution. No other science labors under such difficulties to a similar extent, and hence we are entitled to the greater honor for what we have achieved.

The extensive range of knowledge embraced in the science of medicine can not be caught up in a single day or a single year, but diligent and protracted study, assisted by all the improvements in the arts of instruction, are requisite to fit a man to assume the responsibilities of human life. To honor his profession and benefit his race, he should be a student until his locks are silvered at the bedside. With such endowments he goes not with uncertain thought and trembling hand to the sick-bed, distrusting his science and denying his skill,

but bold in honest faith in his profession, and strong in the conscious power of science, he reaches forth his hand to succor and to save. He stands at the bedside a man and a philosopher, and acknowledges a responsibility which no bribe can betray. He feels that the life of his patient and the confidence of anxious friends are divine trusts, and he implores the lights of science to illume and guide his judgment.

Such men, and such only, should minister at the bedside. To such men, and such only, is the profession of medicine an honest one. Such are benefactors to the country and race. Their ambition is not to accumulate wealth by pretending to that which they do not believe, and practising that in which their judgment does not confide; but to secure a competence by an honest discharge of honest duty, and live in the affections of men by devotion to truth and science.

In one important respect medicine differs from all other sciences. Its use as a science is restricted to the maintenance of health and the treatment of disease. Other sciences are more extensive in their use and application.

The structure and functions of the complicated organism which is so "fearfully and wonderfully made," with the conditions of its health and the laws of its diseased action, are matters which students, except of medicine, do not stop to examine. Many a man has calculated eclipses who did not know the function of the liver, or the position of his own heart. Many a student can conjugate Greek verbs or demonstrate Euclid's hecatomb proposition, who can not explain the simplest phenomena of the laws of life.

This ignorance of ourselves is so deep and so profound, that out of the pales of the medical profession, where men look in upon themselves, they recoil as though old Raw-head and Bloody Bones was after them. It is surprising with what trepidation otherwise well-informed persons examine a skeleton. Perhaps not one man in ten knows how many bones are in the fore-arm, and hardly as many are aware of the mechanism by which the animal frame is moved. Not one in a hundred has rational notions of the process of digestion. Of the nature of disease and its treatment the most chimerical and preposterous notions preval in what we call domestic practice.

The knowledge of anatomy and hygiene, and the elementary principles upon which the art of healing is based, are wrongly all treasured up in the medical library, while they should be taught and understood by all classes of people. The want of knowledge of this kind among our common people opens a fatal highway.

The most extravagant vagaries which the cupidity of the pretender can incite him to concoct, can be palmed upon the credulity of a people who have no standard by which to determine the truth or fallacy of his propositions. So small is the stock of knowledge relating to disease which the people possess, that they are ill prepared to judge of the qualifications of their medical attendants.

While medicine, as a science, has been pursuing the even tenor of its way, system after system, self-styled reforms, have arisen, flourished their brief day, and vanished, to give place to another. It is but a few years since that ignorant pretender, Dr. Thompson, revived the dogma that heat is life—that cold is death; that the principle of cold triumphing over heat or life, produces disease by the production of canker, which can only be prevented by reinforcing the life-principle or heat, by artificial heat and stimulants.

The practice founded upon this simple theory, consisted in hot emetics, hot injections, the hottest kind of stimulants, varying from the first to the thirtieth degree of potency, and aided by steaming hot sweats. The acme of science and skill was reached when the patient had been taken through a "*course of medicine*," which consisted in the successive degrees of stimulation until the highest point had been reached. The same course was applied for all sorts of diseases, like or unlike, simple and severe, and if the patient survived, the circumstance was paraded as a wonderful cure—if he was killed in the operation, the pious doctor and friends thanked God that he died "*secundum artem*."

By this heroic practice it was soon discovered that the patients were disappearing from the earth as fast as the diseases, and had it long remained, the only memorials of our race and civilization, scattered over the vast solitudes of a once habited globe, would have been human bones, old boots, clyster-pipes, sweating machines, and packages of red pepper and lobelia.

This thing was not done in a corner—it had a wide range of public favor all over the country, and the imposing sign of "Steam Doctor" was paraded by the side of the veritable "M. D." The demise of this arrant heresy left a void in the mind of gaping credulity which was at once filled by Hahneman's system of Homœopathy. His motto was "*simila similibus curantur*," or, in plain English, "the hair of the hound will cure the wound." Of this system what most staggers one's judgment is the infinitesimal smallness of the doses, and the assumption that a medicine acquires new powers by shaking the bottle which

contains it. A few examples of the mode of preparing his remedies will show how gullible the human mind must be to be deceived by such pretensions.

One grain of the drug used, say opium, is dissolved in ninety-nine parts of alcohol—this is the first dilution—one drop of this is now mixed with ninety-nine other parts of alcohol—this is the second dilution. This process is repeated thirty times, which makes the thirtieth or decillionth dilution, the strength generally used by these practitioners. In one drop of this mixture there is one decillionth part of a grain of opium, which will medicate three hundred sugar pellets. Hence each granule will contain the three hundred decillionth part of a grain of opium.

The Atlantic ocean is a considerable body of water, and if one grain of opium were uniformly mixed with its entire fluid, we might reasonably conclude that the drug would be pretty well diluted, sufficiently so at least as not to be suspected of producing any very alarming effects if a sugar-pill the size of a mustard seed were moistened in it and administered to a man of ordinary constitution. But this would be a very highly concentrated dose compared to the thirtieth dilution, which would be the one-three hundredth grain of opium dissolved in a body of alcohol one hundred and forty billion times larger than the whole solid contents of our solar system. And this would be a very alarmingly concentrated dose compared with the one hundredth dilution recommended by Dr. Moore, or the eight hundredth dilution used with great success by Dr. Bilby of Glasgow. Surely these are mythical remedies adapted solely to mythical personages.

Incredible as these pretensions appear, and you will bear me witness that I have represented them fairly and honestly, Homœopathy is, to-day, the most popular system of quackery ever presented to the world. What is stranger still, it is an aristocratic quackery—it has imposed itself upon many otherwise well informed people. Packages of these pigmy pellets are carried in satin vest pockets and gold flossed satchels, and the mythical pills tickle the throats of "gentlemen and ladies."

In this connection we will also notice Eclecticism, another modern system, an off-shoot of Thompsonianism, more rational in theory and practice, but partaking of the general character of the parent stock. Dr. Beach, of Cincinnati, thinking too much fire a little dangerous, with his pepper and lobelia mixed up most of our vegetable drugs, and called upon Dr. Buchanan to magnetize the compound. Many of

our most effective remedies he left out of his "kit," and with respect to them he endorsed the teaching of Dr. Thompson, his predecessor. He then wrote a book and set out with it to Europe. He presented it to many of the crowned heads of the Old World, who of course are all medical philosophers, and from them received gold medals as tributes of respect for his learning and research. These glittering honors, of course, established the truth of his doctrines, and made his remedies doubly efficacious. Then he returned home, his knees trembling under the weight of his new honors, and got out a second edition of his book, which of course contained upon its first pages facsimiles of his royal medals, and went "in cahoot" with Buchanan & Co. They named the bastard "Eclectic Medicine," and opened a hall in Cincinnati to exhibit the youth in, which they called the Eclectic Medical Institute. The ill-formed creature for awhile laughed and grew fat; the doting parents stormed and scolded at everybody who would not come and kiss the brat and call it handsome. But the sickly thing, inch by inch, is dwindling away. The disconsolate friends have mesmerized it, steamed it, sweated it, puked it with lobelia and purged it with podophyllin, but they can not save it.

(To be continued in the September number.)

SULPHITE OF SODA IN DIARRHŒA.

(The New York Academy of Medicine has a few *Sections*, the meetings of which are held monthly, and the special subjects of each section are extensively discussed.

At the meeting of the "Section of Obstetrics and Diseases of Women and Children," held last May, at the residence of its President, Dr. Mark Blumenthall, the subject under consideration was Diarrhœa, and the following paper was presented by Dr. John H. Griscom):

The natural chemistry of physiology is of course understood to be the true basis of corporeal organization, the difference of the numerous animal tissues being dependent upon their varied compositions. The same principle is also applicable to the numerous secretory functions, the healthy operations of each being dependent upon the normal composition of the materials included in the functional operations. The privation of any one or more of the numerous materials devoted to the structure, or the presence of some other *abnormal* materials,

necessarily produces derangement of the functions, which we designate *disease*. One of the most frequent sources of organic and functional disturbances, and of the privation of the vigor and soundness of many of the functions, is the deficient chemical composition of secretions, or of the tissues concerned therein, frequently resulting in abnormal tissues, and the development of unnatural secretions.

The irritation and diseased condition of various structures is necessarily the consequence thereof, and their *amendments* depend upon the chemical correction of the fluid and solid tissues. Diseases of the skin, such as furuncles, carbuncles, erysipelas, urticaria, eczema, and many others, are almost wholly attributable to the chemical derangement of the *nutritious sanguineous fluid*. Under these circumstances, the internal structures being deprived to a certain extent of the composition which is required for the perfect operation essential to good health, to the development of tissues and secretions and correctness of functions, these normal operations being thus impaired, the materials thereby retained are submitted to the high temperature of the organization, and necessarily undergo more or less decomposition and fermentation, thereby giving rise to abnormal chemical constituents, which being innutritious are necessarily poisonous, and being absorbed into the circulation, give bad results in very numerous modes, thereby causing a large proportion of well known complaints.

It is therefore a great desideratum to have some means whereby the decomposition of the internal matters referred to may be prevented, and the vicious influences thereof upon other tissues avoided, even when the foul substances have been absorbed into the blood.

Many *other* diseases are also well known to result from the absorption into the circulation *from without*, of certain poisonous influences, which thereby cause derangements very often fatal. Of this class of disorders, a few marked illustrations are scarlatina, small-pox, typhus fever, yellow fever, cholera and syphilis, which are the results of the presence in the circulating fluid of certain foreign influences productive of deranged chemico-physiologic powers. The applicability of some means for the arrestation and prevention of the decomposition of the tissues and secretions, and thereby enabling all the functions to remain normal, and assisting them to perform their requisite duties, is of course of great importance, and it is one of the most happy results of the intelligence and faithfulness of many medical practitioners, that several articles of the materia medica have proved useful for said purpose. In no other common disorder than the subject of this Section's

present consideration, viz, Diarrhœa, is the capacity of certain articles more markedly successful, although the therapeutic influence of the articles now generally employed therefor were almost wholly accidentally discovered, not being based upon chemical science.

In this particular disorder, and also in almost all others derived from zymotic causes, it is a very felicitous circumstance that we are now in possession of a means for the arrestation of the influence of nearly all those abnormal and poisonous influences. The antiseptic and disinfectant powers of several chemical materials, by their application to very numerous animal and vegetable compounds which undergo decomposition and fermentation when exposed to the atmosphere, and especially to the heat of dwellings, and the high temperature of the sun, have long been appreciated and used for the purpose, by external applications; and of these antiseptic properties it is a very happy circumstance that there are some materials equally useful for the prevention of the same effects in the *interior* of the human organization, by introduction therein.

Of the antiseptic materials long known as valuable upon external use, there are a few which have been used internally for very numerous reasons, and found equally useful in both applications, viz: carbolic acid, pure carbon, sulphurous acid, and nitrous acid. Of the first named article, very numerous illustrations of its hygienic powers, both in surgical and other occasions, have been reported; but of the sulphurous acid, its long and well known antiseptic property has been ascertained to be remarkably useful in many internal diseases, and with that my own experience has been most abundantly and happily successful.

In every case of disease resulting from zymotic causes, which has come under my care and responsibility during the past five years, also a considerable number which are not attributable to that source, the use of this peculiar article has, without an exception, proved to be hygienic in the organization, not only suspending the functional disturbance, but also restoring the normal and healthy condition, and thereby removing almost all symptoms of disease.

In nearly all the disorders heretofore named, and also in dyspepsia, cholera infantum, cholera morbus, diarrhœa, dysentery and intermittent fever, the corrective influence of sulphurous acid has manifested itself almost invariably, and its combination with the other therapeutic agents which have been the basis of treatment for a long time, has

greatly aided them therein, though in most instances nature has proved fully effective.

The form of administration of this remedy, which alone I have used, is that of the sulphite of soda, which, when inserted into the digestive organ, very probably undergoes decomposition, and thereby both the articles of its composition, viz, the acid and the alkali, exert a corrective influence upon all the tissues and secretions with which they come in contact.

Of the intermediate influence of this article upon the subject of our present consideration (diarrhœa), I have very recently had evidence in two cases, one a child two years of age, the other a lady nearly sixty. In both cases a single dose of soda sulphis, in the former five grains, in the latter twenty-four grains, caused immediate suspension of the symptoms and a complete restoration of health in forty-eight hours by a few repetitions of it.

In another recent very serious case of typhoid fever, a lady thirty years of age, which I saw in consultation after about four weeks illness, and of which her family physician had asserted certain fatality, the administration of this article by my direction was followed with a complete restoration of health in a fortnight.

In two cases of scarlatina also, this spring, equally successful results were produced in a very short time, by the same remedy administered in connection with febrifuges and other remedies appropriate to the peculiar symptoms of each case.

AN ABSTRACT OF A REPORT OF SOME CASES OF DISENTERY, TREATED BY LARGE DOSES OF IPECAC., READ BEFORE THE COLLEGE OF PHYSICIANS AND SURGEONS, LOUISVILLE, KY.

BY DAVID W. YANDELL, M. D.,

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The three methods of treating dysentery which for some years past have, according to my observation, been most practised by physicians in the valley of the Mississippi, are, (1,) by opium, (2,) by salines, (3,) by quinine. In each of these ths auxiliary measures adop-

ted are, in the main, the same. The purpose of the present report is to call attention to the successful use of large doses of ipecac. in certain cases where the methods mentioned above had failed.

CASE I—T. P., merchant, æt. 30, robust, temperate, lived two miles from the city, in a malarial region. In July and August he had several sharp attacks of diarrhœa, which, during their course, would sometimes become dysenteric, but all of which yielded to oil, opium or quinine. Between the 9th and 12th of September he lost two young children with dysentery. They were treated by one of the most eminent of the Fellows of this College. I saw them several times in consultation. While they were sick, the mother had a violent outbreak of the disease, and the father had one or more diarrhœic or dysenteric discharges daily. The mother was speedily relieved by oil, opium and lead. He, himself, took no medicine until the 13th, when, unable longer to be up, he got oil, opium, lead and quinine. Two days after, his symptoms being no better, he was moved to the city, at which time (Sunday, the 16th) his condition was as follows: Nausea, insomnolency and general discomfort from the opium; skin hot and dry; pulse, one-hundred and twenty, rather full; tongue covered with a whitish fur. Twelve dysenteric dejections in the preceding twenty-four hours, all attended by tormina and tenesmus. Slight tenderness under pressure in the left iliac fossa, none elsewhere; much thirst; some appetite. He was ordered the saline treatment, (Epsom salts and morphine,) poultices on the abdomen; laudanum and starch injections, with full anodyne at bedtime; milk diet.

Seventeenth—Condition unchanged; discharges eighteen, more fluid and less bloody, but as distressing; pulse, one hundred and thirty; tongue furred; skin hot; directed the acid treatment: Dilute sulphuric, dilute muriatic acids, and deodorized tincture of opium, of each fifteen drops every two or three hours. To have morphia hypodermically at night.

Eighteenth—No improvement. Ordered him to be cinchonized by the next visit; to have morphia and poultices as before.

Nineteenth—Cinchonism decided; pain, tenderness, pulse, tongue, skin, dejections, materially the same. The distinguished gentleman who had treated the mother and children was called in consultation. The patient got chalk mixture, bismuth, logwood tincture, and injections of tannic acid, ice cold.

Twentieth—Slept well; discharges, sixteen, nearly all containing blood; tongue furred and red at edges and tip; pulse, one hundred

and twenty-six; skin hot; tenderness in iliac fossa undiminished; great vesical irritation; thirst considerable; appetite poor. Gave thirty grains of ipecac. at ten A. M., (guarding it by the hypodermic use of morphia); continued the local treatment.

Twenty-first—Slept four hours after the ipecac. On waking, had two large, thin and brown dejections in quick succession, unaccompanied by straining, but containing a trace of blood. Has had nine other fluid actions since, without blood. Pulse, one hundred and fourteen; tongue less furred; skin moist; tenderness less; tormina gone; patient says he is much more comfortable; some appetite; thirst less. Repeated ipecac. and morphia.

Twenty-second—Slept yesterday two hours after taking the ipecac.; awoke, and had one thin, fluid action; slept an hour, then had three thin brown dejections, about forty minutes apart; got his hypodermic dose at nine P. M.; slept till midnight; three fluid dejections in the succeeding three hours; repeated the hypodermic; slept three hours more; had, in all, seven dejections, all thin and brown, and but one containing any blood; feels nicely; relished food; says he is stronger; pulse, one hundred and thirty-two; skin pleasant: tongue coated, but less red at edges; ipecac. twenty grains; the hypodermic injection every six hours.

Twenty-third—Slept well during day and night; took food with a relish; feels stronger; discharges, thirteen, only one containing blood, the remainder showing some attempt at fecification; pulse, one hundred and twenty; tongue clean; skin soft; ipecac. ten grains; hypodermic injection.

Twenty-fourth—Slept well; appetite continues good; says he is improving; discharges, eight, seven clearly fecal, one with blood; pulse, one hundred and twenty; tongue less coated; skin moist; repeated ipecac. and hypodermic injection.

Twenty-fifth—Had a good night; took food freely; discharges, seven, no blood, thin, fecal, brown, yellow, large; tongue, clean, moist; pulse, one hundred and fourteen; skin moist; gave a scruple of quinine in three doses; omitted ipecac.; used the hypodermic syringe.

Twenty-sixth—Slept; feels better; is hungry; discharges, seven; large, loose, brown; pulse, one hundred and twenty; skin dry; tongue furred; ordered five grains of tannin every two hours till twenty are taken; continued morphia.

Twenty-seventh—Slept; discharges, fourteen, yellowish brown, fecal, decidly diarrhœic; pulse, one hundred and eight; tongue, dryish;

skin, soft, pleasant; appetite, good; strength improved; to have twenty grains each of tannin and quinine, in four doses, three hours apart, and logwood and chalk mixture.

Twenty-eighth—Had a good night; looks cheerful; discharges, five, thin but feculent; tongue, moist and white; pulse, one hundred and eight; skin soft; appetite good; to restrain the bowels if necessary by rectal injections, and to have no other medicine.

Twenty-ninth—Had an uninterruptedly good night; discharges, three, one of well-moulded feces; pulse, one hundred and two; tongue, white, moist; skin pleasant; appetite good; directed acids, barks, quinine and a general line of tonics, which resulted in a good recovery.

CASE II—Mrs. B., married, the mother of a family. Had suffered for three weeks with a slight dysentery. I saw her first the day that the case number one came to town. Her condition was materially that of Mr. P. Her dejections were mucous, bloody, accompanied by straining, and numbered from ten to twenty in the twenty-four hours. She got the same treatment given to case first, to-wit: Salines on Sunday; acids Monday; quinine Tuesday; opiates Wednesday; and astringents Thursday; and all these different methods were pushed to the full, but without benefit.

Friday—She had ipecac. At this time her pulse was one hundred and thirty; tongue furred; skin hot; discharges, thirteen in the previous twenty-four hours, mucous, bloody, straining. At times she wandered.

Saturday—Slept some; discharges, ten, three contained a small quantity of blood, the remaining seven were brown, thin, showing but little mucus; pulse one hundred and twenty; tongue furred; skin moist; appetite, none; mind, the same; had twenty grains of ipecac., and morphia hypodermically.

Sunday—Had tolerable sleep; less flighty; discharges, six, brown, somewhat fecal, without blood or mucus, or straining; she is better; expression good; got ipecac. at nine-thirty A. M.; vomiting at ten; gave chalk mixture, logwood, bismuth, and creasote internally.

Monday—Rested quietly until midnight, when she vomited; had a rigor at two A. M.; became again delirious; expression bad; eyes sunken; tongue moist; pulse, one hundred and forty-four, feeble, quick; skin cool. Ordered brandy, quinine, musk, camphor, beef tea.

One o'clock, P. M.—Still delirious; pulse, one hundred and forty-four, failing; skin moist, cool; no discharges since Sunday. Stomach

refused all medicines; features became pinched; sank gradually, and died at 8 P. M. No post mortem.

CASE III—J. G., æt. thirty-four, a policeman, of temperate habits. Had from four to ten dysenteric discharges daily for nine weeks. He was treated by three Fellows of the College—one trusted to salines, another gave opium and astringents, while the third used bismuth, astringents, poultices, injections, &c. I saw him in consultation, and his condition was as follows: Expression unhappy; skin dry; pulse, one hundred; tongue furred, white; temperature one hundred; appetite poor; no thirst; slept well when not called to stool; discharges, six to ten, small, mucous, bloody, accompanied by straining; slight tenderness over the ascending and descending colon. Ordered thirty grains of ipecac. Next day his expression was more cheerful, skin pleasant; tongue clean; pulse, eighty-four; temperature ninety-eight; some appetite; no tenderness over the colon; discharges four, large, thin, brown, without blood, mucus or straining; had twenty grains of ipecac. that night, ten grains each the two following nights, and on the fourth day reported himself well.

CASE IV—A minister, æt. forty-two; had dysentery for two days. The disease resisted oil, salts, opium and quinine, conjoined with the local and hygienic treatment usual in such cases, and was cured in thirty-six hours by two doses of ipecac., one of thirty, another of twenty grains.

CASE V—A boy, æt. seven, with a dysentery for six days, which proved rebellious to Crab Orchard salts, opium, lead and astringent injections, was relieved by three doses of ipecac. of five grains each.

CASES VI, VII, VIII, XIX, were in children, aged respectively, two, four, nine and eleven years.

In the first, it had existed one day; had resisted salts and morphia, and was relieved by two doses of ipecac.

In the second, the child had been sick four days; it had grown worse under Hope's nitric acid mixture, opium and salts. Four doses of ipecac. relieved it.

The third case had suffered for thirteen days. Had taken all the usual remedies, and was believed, both by the parents and the physician, to be past cure. She was on the chamber every few minutes. She had fever; insatiable thirst; tenderness over the whole colon; a red and furred tongue; no appetite; much vesical irritation—altogether, was as wretched as she well could be. Five portions of ipecac. relieved her—iron, quinine, good food and time cured her.

The fourth case had for three days a dysentery which paid no heed to the salines or opium, but which yielded to the second dose of ipecac.

Cases X to XV, are so nearly similar that a report of one may be taken as a fair picture of the entire group. Three of them were seen in consultation, three occurred in my own practice.

A German woman, æt. thirty-one, had been treated for a week for a dysentery of a more than usually violent character, by an excellent practitioner. She looked sick; had extreme tormina and tenesmus; from twelve to thirty small discharges in twenty-four hours; pulse, one hundred and eight in the forenoon, rose to one hundred and twenty in the afternoon; temperature one hundred to one hundred and two; skin hot; tongue furred; thirst great; anorexia; tenderness over the descending colon. She got half a drachm of ipecac. the first day, and morphine hypodermically at night. Three other doses of ipecac., of twenty grains each, and two of ten grains, completed the cure. Within three hours after taking the first portion, the discharges lost, in the main, their dysenteric character, and began to diminish in frequency. * * * * * * * * * * *

I venture to think that the hypodermic administration of opium is a better mode of preparing the stomach for the reception of ipecac. than that in common practice. I further believe that peppermint water is a better vehicle than the tincture of orange peel for exhibiting the powder.

CASES IN OPHTHALMIC PRACTICE.

BY C. E. WRIGHT, M. D., INDIANAPOLIS.

FOREIGN BODY IN THE EYE FOR EIGHTEEN YEARS.

A man, aged fifty years, applied for relief March 13th, 1869. Eighteen years ago, while engaged in drilling, a small chip of stone was driven into the left eye, and could not be removed. After suffering for some time, he recovered tolerably good vision, and the particle of stone gave him no trouble until three years ago, when repeated attacks of inflammation soon destroyed all usefulness of the eye and gave him intense pain, disturbing his rest and unfitting him for work.

* * * * * * * * * * * *

When I first saw the patient, he presented a most miserable appearance. There was loss of appetite, wasting of flesh, and a peculiar pinched expression of the mouth and left side of the face, caused by the agonizing pain. The eyelids were very red and swollen, and from the palpebral fissure bulged forth the staphylomatous cornea. There was also a scleral staphyloma about three lines from the lower portion of the cornea. The eye and its appendages were intensely injected. Treatment to subdue the inflammation with a view to extirpate the globe was unsuccessful, although continued for one month. Slight pressure upon the scleral staphyloma greatly increased the pain and caused a desire to eject the contents of the stomach. At this protrusion, supposing the cause of the trouble might be there, I made an incision extending a quarter of an inch on each side and through the sclerotic prominence, and extracted a shriveled and cataractous lens. If the stone was at the point of incision, it must have been expelled by the sudden gush of fluid, as it could not be found. Although the patient was so sensitive to pressure, he did not feel the cutting of the knife. Perfect relief from pain followed the operation. The globe shrank to about two-thirds the natural size, and formed a most excellent stump for an artificial eye, which I introduced on the 18th of May, three weeks after the operation. The patient has worn the eye comfortably ever since, has enjoyed perfect immunity from pain, and has gained flesh rapidly.

EXTRACTION OF CATARACT.

A woman aged about eighty, from whose left eye I had successfully extracted cataract, was desirous of having an operation performed on the right eye.

On the 7th of June, assisted by Dr. Fletcher, I removed the cataract by the modified linear method of extraction, (sclerotic section with iridectomy). Four days after the operation the patient could distinguish objects. Owing to the difficulty experienced in cutting the conjunctiva with the knife, in completing the section through that membrane, I prefer using the knife as an elevator and dividing the conjunctiva with scissors.

The patient is at present writing (July 20th), having good use of both eyes with the aid of suitable glasses.

SCLEROTITIS RELIEVED BY EXTRACTING A CARIOUS TOOTH.

A young woman, æt. twenty-five, came to me June 7th, with cir-

cumscribed sclerotitis about the insertion of the external rectus muscle of the right eye. There had been no mechanical injury to the eye. Patient was experiencing no other difficulty save a severe aching of the second molar tooth on the same side. There was profuse lachrymation of the right eye. Treatment produced no perceptible good until the carious tooth was extracted, when the inflammation subsided as if by magic.

ON THE CAUSE OF THE DIASTOLE OF THE VENTRICLES OF THE HEART.

BY A. H. GARROD,
St. John's College, Cambridge.

The existence of an active diastolé of the ventricles of the heart following each systolé has been long recognized by physiologists, and there have been several explanations given of the phenomenon; but they are all subject to grave objections, and fresh methods of research have overthrown them one after another.

The object of the present article is to show that this active diastolé is mainly dependent on the turgescence of the walls of the heart, consequent on the flow of blood into the coronary arteries immediately after the systolé.

The experiments of Vaust in 1821, together with the known anatomical arrangement of the commencement of the aorta, strongly favor the supposition that during the ventricular systolé the circulation in the walls of the heart ceases on account of the close relation between the segments of the aortic valve and the orifices of the coronary arteries.

Immediately the aortic valve is closed the impediment to the flow of blood into the coronary vessels is removed, and the sudden repletion thus caused, directly after the closure of the valve, produces an equally sudden turgescence of the walls of the ventricles, the auricles from their thinness not being similarly affected. This turgescence of the tissue of the heart produces an active opening out of the cavities of the ventricles, and in a very short time they reach their maximum size.

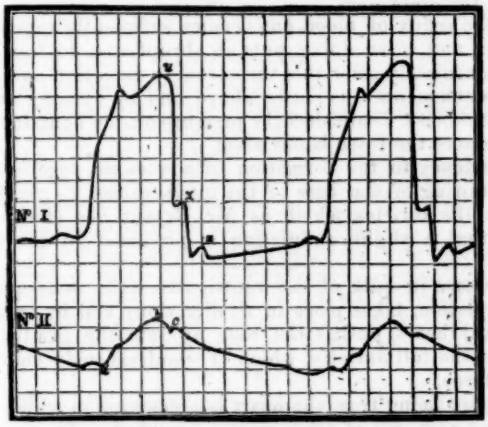
The following experiment supports this theory: Take a sheep's heart which has at least two inches of the aorta left on; attach the cut end of the aorta to a pint syringe full of water and inject; the first effect of this operation is the closure of the aortic valve, immediately after which water enters the coronary arteries, the ventricular walls swell and the cavities of the ventricles open out to their full extent. It will be then found that the heart is tough and not easily compressible, and if it be cut in two between the apex and the base, the halves

shew the cavities fully dilated, and they remain so until the water has escaped from the cut orifices of the vessels. The shortness of the coronary arteries and the sudden way in which they break up into minute ramifications favors the rapid turgescence of the heart walls.

If this theory be correct it follows that there must be an absorptive force exercised in both the ventricles immediately after the closure of the aortic valve, and Marey found that to be the case when he placed in either ventricle an ampoule registering negative pressures only.

The relation between the cardiograph traces from the ventricles and aorta throw so much light on the point under consideration that a detailed description of them will not be out of place.

The diagram is taken from Marey's work *De la Circulation du Sang*, p. 189.



No. I. is the trace from the left ventricle.
No. II. is from the aorta.

Simultaneous events are recorded in the same longitudinal lines, and the traces by their rise and fall indicate alterations of pressure in the ventricle and aorta respectively.

No more reference will be here made to the systolic than is necessary to explain the diastolic movements.

Towards the end of the cardiac systolé, the pressure which continues to increase in the ventricles (*v*) diminishes in the aorta (*b*), because then the latter receives less blood from the heart than it transmits to the capillaries.

After this; it is considered by Marey that the undulation *x* in the upper trace corresponds with *c* in the lower, and that they are both caused by the closure of the aortic valve; he also thinks the fall between *x* and *z* in the upper trace to be due to the relaxation of the ventricle, and, without explaining why, states that at that moment the pressure falls ordinarily below zero. But on carefully looking at his own diagram, as copied above, it is clearly seen that the undulation *c*

in the aortic slightly precedes *x* in the ventricular trace, and this together with the results obtained by Chauveau, by means of his combined haemadromometer and sphygmoscope, and confirmed by Lortet, leads me to doubt the correctness of Marey's explanation and to advance the following:

During the main ventricular descent the aortic pressure increases (*c*), probably from the rise of the base of the heart after its contraction, just as at the commencement of the systolé it falls (*a*) from the opposite cause.

When all contraction has ceased, the only impediment to regurgitation from the arteries, is the passive resistance of the ventricular walls, which is comparatively slight; so that blood flows back to the heart, compressing the ampoule into the ventricle and causing the elevation *x* in the upper trace, while it necessarily produces a similar depression in the lower one.

When the reflux of blood has become sufficiently rapid, the aortic valve closes, and in so doing puts an abrupt stop to the ventricular rise *x*. Immediately after this the coronary repletion and consequent turgescence commences, as shewn above, and by opening out the cavities of the entricles, diminishes the pressure on the contained ampoule, and so depresses the trace below zero.

This tendency to the formation of a vacuum, together with the associated raising of the base of the heart, causes so great a rush of blood from the auricles, which as Mr. Bryant has shown, are then quite full, that a slight undulation is produced in the ventricular trace *z*.

The increase in bulk of the ventricular walls, consequent on the coronary repletion, takes place in all directions, and by expanding the whole conical heart, pushes the base up into the cavity previously occupied by the full auricles, which it simultaneously empties by the absorptive force.

This theory being true, the heart is a machine in which simplicity of action and economy of force are most marked. The systolic movements fill the reservoirs which are to feed the cavities they empty; and all the diastolic forces are expended in active preparation for the succeeding systolé; the circulation in its walls besides its primary object, even aiding its mechanical function.—*Journal of Anatomy and Physiology*, May, 1869.

TREATMENT OF SUNSTROKE.

(This is the concluding portion of a lecture on Sunstroke, delivered by Dr. G. M. Smith, at the New York Hospital, and found in the *Medical Record*, July 15th:)

I come now to speak of the *treatment* of sunstroke. In speaking of the therapeutics I must recall the ordinary varieties of the disorder. The milder form, or that of ordinary syncope, is to be treated,

as has been before stated, like cases of faintness; the graver form of syncope, or that of sudden and profound collapse, requires the immediate exhibition of restoratives. The nervous system has been overwhelmed, and vital action has almost ceased. The means suited to relieve such a condition are obvious.

We will consider the treatment of a more typical case. What indications are there to guide in its management? Under ordinary circumstances man maintains a temperature of about 98° F. If the weather is extremely cold, and if, by reason of improper food, raiment, or shelter, he is unable to generate and maintain the proper amount of heat, his body becomes cooled, and a fall in temperature of a few degrees makes him lethargic. When in this condition he is readily frozen to death.

Now what occasionally happens in our midst during the intensely hot weather? The same vital action is generating in man a uniform warmth. Unsuitable aliment, and clothing, conjoined with exposure to an unusually heated atmosphere and to other unfavorable conditions, favor an undue accumulation of heat in the body. The individual falls insensible, the thermometer generally indicating that his temperature is above the normal standard.

In pyrexial disorders, when the temperature is high, we endeavor to lessen its intensity by bathing the forehead and by the internal administration of water and refrigerating draughts. Such means are grateful to and are desired by invalids.

Patients in the condition before indicated are, as we have said, overheated, and it seems rational to attempt to reduce their temperature. They are insensible and can not swallow cooling drinks, and we should therefore apply cold to the head, or, what is better, to the arms, and further even to the neck and chest, and thus expose a larger surface in which the blood can be tempered.

If the case is an extreme one, and the temperature is very high, it may be well to strip off all the clothing and sponge the entire body with cold water, or to use the sudden cold douche; and if these means are insufficient to cool the patient and to rouse him, it may be necessary to apply ice to the head and axillæ, and to rub the trunk and extremities with the same material.

The use of ice in such cases was introduced into this hospital in 1857, by Dr. B. Darrach, at that time Resident Physician. In the *American Journal of the Medical Sciences* for January, 1859, he published a report of four cases treated in this manner; three recovered and one died. In the fifty-three cases to which I have alluded ice to the entire body has scarcely been employed. It has frequently been applied to the head, but for general cooling it is doubtless safer to rely upon sponging and the douche.

It should constantly be borne in mind that cold is a most powerful remedy. These patients have a tendency to collapse, and if intense cold is unnecessarily employed, it may hasten such an unfortunate condition.

Be careful, therefore, to suit the degree of the cooling process to

the gravity and condition of the patient, and carefully watching the effect of treatment, cease the applications at the earliest practicable moment. Resort is not to be had to the ice frictions until is is found that cool sponging or the douche have failed to reduce the temperature and to revive to partial consciousness.

Some patients come into our hands while in a state of collapse, being cadaverous in color and temperature. It would obviously be improper to employ such treatment in these cases; they have passed the stage in which refrigerant means are indicated, and now require artificial heat, sinapims, warm frictions, and stimulating enemata to restore them.

In many cases in which the cooling process is applied, we find that the temperature of the body has diminished, the respirations become more natural, the pulse less frequent, and that consciousness has returned. This favorable condition may occur in a few moments or may not be reached for several hours, during which time, however, the harsher method of treatment is not to be continually applied, but the gentler partial applications.

In some instances the temperature falls, but there is imperfect consciousness and delirium—such patients are to be carefully dried, placed comfortably in bed, and stimulating enemata exhibited, while the head can be kept cool if extraordinarily heated. As the lungs are generally early congested, it is desirable to place sinapisms on the extremities and chest, or upon the latter dry cups may be employed. By thus favoring the peripheric circulation we lessen the liabilities to pulmonary and to other centric engorgements.

Dr. Beatson, surgeon in the India service, has encountered sunstroke among the troops under his charge, and gives the following concise directions in reference to the immediate treatment: "Unfasten as quickly as possible the man's dress and accoutrements, to expose the neck and chest, get him under the shade of a bush, raise his head a little, and commence the affusion of cold water from a sheepskin bag, continuing the affusion at intervals over the head, chest, and epigastrium, until consciousness and the power of swallowing return. When this takes place the affusion may be stopped and a stimulant mixture given occasionally in small doses."

In regard to the use of stimulants, I would remark that the same caution must be taken in prescribing them as in ordering cold applications. As soon as the patient can swallow, water can be allowed. If the pulse is frequent and feeble, stimulants are to be given, regulating the quantity by the effect produced. I have already spoken of the condition of the circulation in the malady under consideration. In administering the alcoholic and diffusive restoratives, be governed by the force and frequency of the pulse. Their inconsiderate exhibition will prove as injurious as their judicious employment will prove salutary.

To illustrate the promptness with which patients can be restored, it may be stated that eleven of the cases, to which allusion has before been made as having been admitted here in an unconscious condition

or nearly so, were discharged relieved on the same day; three on the fourth day, &c.

Such patients, on being discharged, should be advised to avoid as far as possible physical and mental labor, and to avoid exposure to the sun for some days after their convalescence, and should be cautioned to give heed to these points for some time after their health has been restored. Inattention to these precautions may induce morbid nervous phenomena, from which relief may never be obtained.

A word in regard to the *prevention* of sunstroke. Fortunately there are but a few days in the year in which we are liable to be overcome by the heat. During extraordinarily warm weather, it is especially desirable to avoid all enervating influences. We are, as it were, suddenly transported to the tropics, and are unacclimated. The pursuits of life are not materially intermitted, and attention to usual duties may provoke the disorder. The disease is by no means confined to the laboring classes, though it is more common among them.

As diaphoresis is generally profuse in warm weather, so there is a corresponding thirst. It seems proper to assuage such natural craving by cool water in suitable quantities. The excessive use of cold or iced water has been condemned, and has been regarded by some as a cause of sunstroke. We have all experienced more or less inconvenience from drinking such draughts when heated. Dr. Swift, in analyzing the causes of the sixty cases of insolation occurring here in 1853, came to the conclusion that drinking cold water hastened the development of the disease. He cited the case of a sailor who, having been at work in the sun, drank freely from a bucket of hydrant water, and after plunging his head into it, immediately fell insensible. It is not stated which form of sunstroke was thus excited. It may have been that of syncope. The system, however, should not be allowed to suffer for want of water, for abstemiousness I should infer would induce the disease. Water is to be taken that it may perform its ordinary office, in this instance, particularly, that it may moderately temper the blood and be evaporated from the nostrils, air-passages, and skin, and thus gradually cool the body. It does not, however, seem to me desirable to induce sudden shocks of the system by frequently drinking very cold beverages in large quantities. There may possibly be febrile reactions in the system after the chills induced by such draughts.

There is a professional as well as popular impression that the excessive use of very cold water will sometimes induce fatal results; and while there is any room for doubt on the question, is it not the part of prudence, at least, to abstain from such excess? A consideration of the immediate effects of cold water upon the system is a topic worthy of extended observation, but upon which my present limits will not allow me to enlarge.

Our ability to avoid disease should not ordinarily depend on the use of alcoholic stimulants. Intemperate habits enervate, and an unaccustomed and unnecessary temporary excitation at the time may be injurious or may be followed by a depression of the vital powers. There are doubtless conditions of the body in which cordials prove

salutary; such cordials enabling an enfeebled body to resist extremes either of heat or of cold. But I confidently believe that the majority of people should avoid stimulants, and that they would derive advantage during summer by using chiefly as a beverage, good water, which at times may be acidulated and sweetened. This remark particularly relates to those who are in the enjoyment of ordinary health, and who are still in the prime of life.

You are doubtless acquainted with the experiments of Franklin, Davy, Rumford, Coulier, and others, in regard to the conduction, radiation, and absorption of caloric. The scientific facts established by these observers should guide us in the selection of color and of the fabric of our clothing. There are few of our inhabitants so poor that they can not be suitably attired. Our laborers could readily wear a cheap white or light-colored garment over the dark *red* and *blue* shirts in which they so usually toil, and to which they are predisposed, by reason, I believe, of some fancied efficacy to be derived from the dye.

Dr. McDowall, Assistant Surgeon of the Bombay Army, in writing in 1865, on the color of clothing as influencing the temperature, health, and comfort of the wearer, has given his personal experience. He says: "I well remember that when encamped on the shores of the Bosphorus, in Turkey, a little incident occurred which vividly impressed this physical fact on my memory and shoulders. The forenoon being bright and inviting, we (some other officers and myself) determined, Leander-like, to lave our limbs in the classic waters of the East, though not precisely at the same spot he patronized. The walk was pretty long and hot. We one by one took our coats off and carried them on our arms, both on going and coming from the bath. I wore a cherry-colored flannel shirt, and although all our shoulders were more or less burnt by exposure while in the water, I was literally scorched, and for some days suffered greatly from the slighest movement or friction of my coat. We all suffered in *exact proportion to the depth of shade of our flannel.* Now, in the jungle in the hottest weather, and in the sun, I have often ridden, and do ride still, both for experiment and comfort, in my shirt-sleeves; but that shirt is *white.* Any other color requires a proportioned thickness—nay, even padding, according to some."

No less attention should be paid to the covering of the head. Hats should be made of light-colored straw, or felt, and the latter should allow of free ventilation. Assistant Surgeon A. A. Woodhull, U. S. A., in his report to the Surgeon-General, in April, 1868, upon the uniform and clothing of our soldiers, in referring to this subject, has said: "But, whatever covering is worn, it must be light in color, and be raised from the crown, to save the soldier from the disastrous effects of direct solar heat and confined hot air."

PROCEEDINGS OF MEDICAL SOCIETIES.

PORTLAND, IND., JULY 17, 1869.

The Jay County Medical Society met pursuant to adjournment.

The President, Dr. Wm. Freeman, in the chair.

The Secretary called the roll. Members present: Drs. C. L. Arthur, G. W. Shephard, T. L. Shephard, T. A. Cox, Jos. Watson, B. R. Freeman and J. E. Markle.

The minntes of the previous meeting were read and approved.

The credentials of W. G. Smith and L. G. Ralston having been examined and reported favorably upon by the Censors, they were unanimously elected to membership.

Reports of committees were then read and thus disposed of:

Dr. Reed, on Diagnosis of Dysentery, was continued.

Dr. Brewington, on Pathology of Dysentery, not present.

Dr. Wm. Freeman read an essay on Prognosis of Dysentery.

Dr. J. E. Markle read an essay on Treatment of Dysentery,

Dr. B. R. Freeman read an essay on the Diagnosis of Erysipelas.

Dr. G. W. Shephard read an essay on Pathology of Erysipelas.

Dr. W. H. Vance on Prognosis and Treatment of Erysipelas, was continued.

Dr. T. A Cox on Diagnosis of Acute Rheumatism, was continued.

Dr. T. L. Shephard read an essay on Pathology of Acute Rheumatism.

Dr. Jos. Watson read an essay on Treatment of Acute Rheumatism.

The different essays were discussed at some length, and, on motion, they were placed on file.

Dr. W. G. Smith presented a patient, male, fifty-five years of age, who was examined by the Society; phthisis pulmonalis was diagnosed; treatment recommended, alcoholic stimulants, cod liver oil, syrup iodide ferri, open air and exercise.

Dr. C. L. Arthur made an oral report in the case of a lady he was called to attend. She had been delivered by a mid-wife. Immediately after her delivery they placed her in a tub of cold spring water and bathed her all over. This treatment was continued for seven days,

with the addition of cold water injections into her rectum and vagina. (The husband was sick at the time, and knew nothing of her treatment.)

I was called to see her the seventh night after her confinement. Found her with puerperal mania; pulse one hundred and eighty; pain and tenderness over the abdomen; the lochia had ceased and the bowels were confined; took four men to hold her in bed. Gave a purgative, which operated freely; used hypodermic injection of morphia every hour for three hours, when she became quiet and went to sleep. Returned next day; found her as bad or worse than on the previous day. Gave her a hypodermic injection of one and a-half grains of morphia, with no effect; repeated in two hours, when she became quiet and slept soundly for four hours, when she awoke and her reason was restored in a great measure, and continued quiet until the next day two o'clock, when she expired, the victim of officious old women.

An election of officers was held and resulted as follows: For President, Dr. J. E. Markle; Secretary, Dr. G. W. Shephard; Treasurer, Dr. C. D. Arthur; Censors, Drs. Wm. Freeman, C. L. Arthur, and T. L. Shephard.

The President made the following appointments for essays to be read at the next meeting:

Dr. C. L. Arthur, Diagnosis of Pneumonia.

Dr. G. W. Shephard, Pathology of Pneumonia.

Dr. Joseph Watson, Prognosis and Treatment of Pneumonia.

Drs. B. R. Freeman, T. L. Shephard, W. G. Smith, L. G. Ralston, and Wm. Freeman essays on subjects of their own choosing.

The Secretary was ordered to prepare and furnish a copy of the proceedings for publication in the *Western Journal of Medicine.*

On motion, the Society adjourned, to meet on the 9th day of October, 1869, at New Mount Pleasant, Ind.

J. E. MARKLE, M. D., *Secretary.*

BRAINARD MEDICAL SOCIETY.

The Society met in Winamac July 7th, 1869. Proceedings read and approved.

Dr. J. H. Smith presented a patient for examination, who was examined and the treatment discussed.

Dr. W. T. Clelland read a paper on surgery; Dr. A. R. Thompson one on the mechanism of parturition.

Dr. Eaton, chairman of the section on Materia Medica, Therapeutics, &c., presented a paper on bitter tonics in general and Euonymus Atropurpureus in particular.

A communication was read from Dr. G. V. Woolen, secretary of the State Medical Society, asking the members to forward their names and remittances, if they wished the Transactions for the year.

The *Western Journal of Medicine* was selected as the organ of communication for the Society.

Dr. J. W. C. Eaton raised a club of five for the above named journal.

Adjourned to meet in Winamac August 4th, 1869.

I. B. WASHBURN, M. D., *Secretary.*

CORRESPONDENCE.

CINCINNATI, JULY 25, 1869.

MR. EDITOR: In the July number of the *American Journal of the Medical Sciences* Dr. Edward Hartshorne, of Philadelphia, thus alludes to my correction of what I believed, and still believe, to be an error in his comments on the earliest historical notice by British writers of "weight extension" in the treatment of fractured thigh:

"Dr. Geo. C. Blackman (*Western Journal of Medicine*, May, 1869,) presents the following note with a quotation from the *Chirurgical Observations and Cases* of William Bromfield, a well-known contemporary of Pott, and surgeon to St. George's Hospital in London, in order to correct an imaginary error he attributes to me in my comment on the mistake of Heister, then of Bell, and afterwards of others, in regard to the pulley-extension adopted and recommended by Fabricius Hildanus as the method of Ambrose Pare."

Now, in our brief remarks on Dr. Hartshorne's most excellent paper we had but one object in view, and that was to show that Dr. H. was in error in stating that "the first European writer, out of the continent at least, who definitely speaks of this mode of fractured thigh, &c., &c., is John Bell. (*Principles of Surgery*, fourth edition, Edinburgh, 1801)." We regret that Dr. H. did not place the extract just quoted from his paper in connexion with the copy of our remarks which he has

published in the July number referred to, as we think the majority of readers would have agreed with us, that our comments were intended only for his statement that John Bell, in 1801, was the first to notice the weight extension. Nor are we willing to admit that Bromfield's allusion to the practice is so very "vague," when in his *Chirurgical Observations and Cases* (London, 1773), referring to different methods, of treating fractured thigh then in vogue, he adds:

"As short splints and stretched out limbs are, by them, thought the best method of practice, *and even a large weight hung from the ankle-joint, to keep the muscles of the thigh extended* when the femur is fractured, is not everywhere exploded."—P. 112.

Again, Dr. Hartshorne remarks:

"I trust enough has been said to show that Dr. Blackman's collation of one sentence of mine with one of Bromfield's affords no evidence of hasty compilation in what he is pleased to call an "elaborate paper."

On the contrary, nothing was further from our thoughts than to attempt to furnish such evidence; for it is seldom that we have an opportunity of perusing a paper presenting such careful research, and which, in our humble opinion, seems so exhaustive.

In conclusion, he adds:

"If Dr. Blackman will take the time and trouble to follow the same course of inquiry, really *at first hand*, as I certainly did in the course of an investigation for another and more important purpose, I think he will agree with me in the conclusion that Heister mistook Hildanus, thus committing "erroneous compilation," and that John Bell and others must have been misled into the same mistake through "second hand quotation."

To this we can only respond, that it is not very probable that any one who has perused Dr. Hartshorne's truly elaborate papers, will deem it necessary "to take the time and trouble to follow the same course of inquiry"—nor will any one, we think, be disposed to dispute the conclusions to which he has arrived in reference to the "erroneous compilations" which have been committed through "second hand quotations." Truly Yours,

GEO. C. BLACKMAN.

SPRINGFIELD, OHIO, JUNE 29, 1869.

EDITOR OF JOURNAL—*Dear Sir:* While every person, especially every physician, should rejoice at the appearance, and herald the triumphs of any agent which relieves human suffering, yet I think it as

much a duty to expose cheats and denounce pretended discoveries, which only gull the profession, and through them the public. For this reason I beg leave to speak of my "findings" in the trial of local anæsthetics.

I purchased last winter of Max Wocher, of Cincinnati, a fine apparatus and began to use it to some extent in my practice. I used pure sulphuric ether in my experiments; but as my objections apply to the *freezing*, they would be the same for rhigolene or any other agent adapted for use in the instrument in question.

In the first place, the application of the agent is attended with most unpleasant sensations. In anæsthetizing an abscess my patients would generally kick around and screech more than if I had plunged a lancet in without any previous process. After freezing, the cutting was not felt much, of course, though as a general thing, the patient refused utterly to tolerate the spray until the parts were in condition for a painless operation. But the tug of war comes when the tissues begin to thaw out. If you want to have a realization of a howling dervish of Khurdistan, just anæsthetize a felon on a poor fellow's finger and wait till sensation begins to return.

Did you ever, when a boy, snow-ball for an hour, and then stick your fingers into the blaze of a hickory fire? That's something like it. Or, in running bullets, did you ever run one into the palm of your hand? If so, you can realize the delights of local anæsthesia.

I paid Mr. Wocher fourteen dollars for my instrument. It can be bought at a bargain now. A floriculturist might use it to squirt tobacco-water on his plants to kill lice, or an oculist might freeze pig's eyes with it for dissection; but I can never have the face to ask a patient of mine to submit to its tortures again.

Yours very truly, H. S. FULLERTON.

PHILADELPHIA, JULY 15, 1869.

A calm pervades the medical portion of our community. The summer sessions of our medical schools have terminated, and those zealous students who remained to avail themselves of the opportunities afforded in the practical courses of the University, and of the Jefferson Medical College—in the numerous and varied clinical courses in our hospitals, and in the greater advantages offered for extended and careful anatomical investigations in the less crowded dissecting amphi-

theatres, have taken their departure, many to recruit in the fresh air of their country homes, their energies, well-nigh exhausted in following the hurried courses of instruction of the past sessions, and to digest, if that were possible, the mass of information which has been *crammed* into them under the forcing process of our present system of medical education.

The learned Professors, equally exhausted, but compensated in the division of the receipts from the *seven*, instead of the *ten* or *twelve* chairs, as it should be, are resting from their labors. Those not engaged in active practice have retired to their country residences to enjoy rest and quiet—some happy in the possession of a fortunate class of patients, who betake themselves and families annually to the sea-side, have followed their example, and have established themselves in their "cottages by the sea," where they may combine business with pleasure. Again, a few, toilers, workers through heat and cold, have remained at their posts, enjoying the comforts of their homes, and are happy in the preparation of the materials for a new course of lectures, or for a new edition of a successful work.

Recurring to the hard-driven student, I am tempted to ask, when will anything practical be accomplished in regard to the very important question of reform in our system of medical education? Each year, in our National Association, reports are presented, suggestions offered, plans proposed, and discussions held, and still no definite action is taken. Why is this? Is it for the reason that reform is not needed, or are the plans proposed not feasible? I am disposed to think that no question exists as to the need of reform, or of the practicability of some of the plans proposed. Does the difficulty lie in absence of co-operation on the part of the medical schools, and does this refusal to co-operate arise from a desire to avoid division of the fees, which would necessarily follow the creation of additional chairs, and the extension of the course? These are important questions, and the interests of the schools as well as of the students demand they should be answered, and that such action should be taken as will place medical instruction in this country upon a basis in keeping with the progress of the science, and with the spirit of the age in which we live.

During the past spring additional clinical advantages have been afforded the students of our medical schools in the establishment of a clinic for the diseases of women and children at the Philadelphia Hospital, and also of a clinic of diseases of the ear at the Will's Ophthalmic

Hospital. By means of the former, the valuable material in the large obstetrical and children's department of the hospital has been made available for the purposes of clinical instruction in these important branches. The inauguration of this effort to utilize the too-long neglected material of this department is hailed with satisfaction by all of the friends of this institution. It marks an era in its history, and gives evidence of the infusion of a new spirit into its management. It may be regarded as the "beginning of the end" of that unwise opposition on the part of some of the managers, which tended to limit the use of the cases under treatment in the hospital for the purposes of instruction. It seems but just, and due to the large number of students who come from all parts of the country to this city, to obtain their medical education, they should be permitted to enjoy the benefits of instruction in our eleemosynary institutions, toward the maintenance of which they, in a measure, contribute.

It is hoped that the day is not far distant when, by additions to the medical staff, all of the clinical resources of this large hospital will be fully developed and employed for the purposes of instruction.

Through the kindness of Dr. Richard J. Dunglison, I am permitted to lay before your readers the following brief sketch of the life of his father, the late Prof. Dunglison. In a former letter I alluded to the retirement of Prof. Dunglison from active duty, and the remarks made by Prof. Dickson at the commencement exercises of the Jefferson Medical College. On that occasion the Professor expressed the hope that—"At peace with all men, and surrounded by everything

——'that should accompany old age,
As honor, love, obedience, troops of friends,'

he should long remain with us who so truly admire and esteem him." This hope was not to be realized. Disease, which had fastened upon him many years before, and which had been resisted with unexampled fortitude, stayed not its progress, and in one short month after the utterance of this kind wish, exhausted by great and long-continued bodily suffering, though in full possession of his intelligence and "capacious memory," he passed away—profoundly regretted by the "troops of friends who so truly admired and esteemed him."

He was born January 4th, 1798, at Keswick, Cumberland, England. Intending to pursue a mercantile life, his early education was in that direction. Owing, however, to the death of a relative with whom he designed engaging in business, he abandoned the intention of leading a commercial life, and commenced the study of medicine. He be-

gan the practice of his profession in London in 1819, after having fully qualified himself by attendance upon a course of lectures at Edinburgh, one at the "Ecole de Médicine," and several private courses in Paris; he also passed the examinations of the Royal College of Surgeons and the Society of Apothecaries in London, and in 1823 he graduated at the University of Erlangen in Bavaria.

On his return to London, he decided to devote himself to obstetrical practice, and was soon after elected "Physician Accoucheur" to the Eastern Dispensary. In 1824 he announced a course of lectures on "The principles and Practice of Midwifery," to be delivered in the following October. Before the time had arrived for the delivery of this course of lectures, he received an invitation from Francis W. Gilmer, acting in behalf of the "Board of Visitors of the University of Virginia," and who had been sent abroad to select Professors to accept a chair, the duties of which comprised instruction in "Anatomy, Surgery, the History of the Progress and Theories of Medicine, Physiology, Materia Medica and Pharmacy." Undismayed by the comprehensive nature of the duties devolving upon the occupant of the chair to which he was invited, he accepted the invitation, and made arrangements to emigrate.

In October, 1824, he married Harriette, daughter of John Leadam, Esq., practitioner of medicine in Southwark, London, and embarked for this country, which, owing to numerous delays and a long voyage, he did not reach until February 10th, 1825.

Landing at Norfolk, Virginia, he proceeded to Charlottesville, the seat of the University. Here he resided until 1833, at which time he was elected to a chair in the University of Maryland. His residence at Charlottesville he always spoke of as embracing many happy years, rendered so, in a great measure, by the intimate friendship of Presidents Jefferson and Madison.

In 1836 he became connected with the Jefferson Medical College, and removed to this city, where he resided until his death, which occurred April 1st, 1869.

His literary labors began at an early period, and continued without interruption until within a few days of the close of his life, bodily infirmity compelling him then to lay aside his "well-used pen." The results of this indefatigable labor with his pen were numerous contributions to literary and scientific journals, translations from the German and French, and the publication of many standard works upon medical subjects. Of the latter those best known and best received

were, "The Practice of Medicine," "Human Physiology," "General Therapeutics and Materia Medica," of which passed through several editions. His most successful work, and that which has been justly characterized as a monument of patient research, skillful judgment, vast physical labor, and great erudition, was his Medical Dictionary. Numerous editions of this reliable work have been issued from the press, each one "carefully revised and greatly enlarged." The anxious desire of the author "to make it a satisfactory and desirable, if not indispensable lexicon, in which the student may search without disappointment for every term that has been legitimated in the nomenclature of the science," was fully realized. The labor required to accomplish this must indeed have been "something prodigious," the character of which, he remarked in the preface to the second edition, "has been so forcibly depicted by the great English lexicographer as well as the distinguished Scaliger."

"Si quelqu'un a commis quelque crime odieux
S'il a tue son pere, au blasheme les Dieux,
Qu'il fasse un Lexicon: s'il est supplice au monde
Qui le punisse veux que l'on me tonde."

Numerous diplomas and certificates of honorary membership, received from literary and scientific associations of this country and Europe, attested the high estimation in which he was held at home and abroad.

Possessing administrative abilities of a high order, he was often selected as presiding officer of associations with which he was connected. For many years he was Dean of the Faculty of the Jefferson Medical College, and "administered its affairs with eminent success." He had been vice-president of the Sydenham Society of London, of the Pennsylvania Institution for the Instruction of the Blind, and of the American Philosophical Society. At the time of his death, he was president of the Musical Fund Society of this city, and "Emeritus Professor of the Institutes of Medicine and Medical Jurisprudence" in the Jefferson Medical College.

Profs. Pancoast, Gross and Dickson have been chosen to deliver addresses upon his "life and character," before the Faculty of the Jefferson Medical College of Physicians, and the American Philosophical Society. His son, Dr. Richard J. Dunglison, is engaged in the preparation of a memoir of his life.

The whole community, as well as the medical profession, have been called upon to mourn the loss of another of the eminent mem-

bers of the profession, in the sudden death of Prof. Chas. D. Meigs, which occurred June 22d, 1869, near Media, Delaware county, Penn., in the seventy-eighth year of his age. Dr. Meigs was one of the most extensively known, highly esteemed, and generally beloved physicians of this country.

He was born in the State of Georgia, in 1791; graduated at the University of Pennsylvania in 1812, and practiced medicine in his native State until 1820, when he removed to this city. In 1840 he was elected Professor of Obstetrics in the Jefferson Medical College, occupying the chair for nearly twenty years. On his retirement, he was made Emeritus Professor of Midwifery and of the Diseases of Women and Children. He was one of the Physicians to the Lying-in Department of the Pennsylvania Hospital for ten years.

As an author, he enjoyed a world-wide celebrity. An original thinker, a graceful and forcible writer, he imparted to all of his works a character and a beauty of diction which rendered them most attractive.

A cultivated French scholar, one of his earliest efforts was the translation of "Velpeau's Midwifery;" then followed his work entitled "Females and their Diseases—a series of Letters to his Class"—"Various Treatises on Obstetrics and the Diseases of Children"—essays and papers in medical periodicals. During the present year he concluded his literary work by a translation from the French of the novel of "Typhaine's Abbey."

He was very much interested in agricultural pursuits, and had resided for a number of years upon his farm in Delaware county, where he pursued his literary labors without interruption, and indulged his tastes in agriculture.

His health had declined somewhat latterly. He was found dead in his bed—having retired the night before in his usual health. No cause has been assigned for his sudden death.

His son, Dr. J. Forsyth Meigs, of this city, has been selected by the College of Physicians to write a memoir of his life.

Thus, in a short time, have passed away two of the eminent men of our profession. Friends and colleagues for many years, zealous and most industrious workers, unlike in many respects, but alike in the greatness of their intellects, and in the possession of all of those qualities of character which belong to the kind-hearted, benevolent, high-minded and courteous gentleman. In the record of their careers they have left behind imperishable monuments in honor of themselves.

The patient mentioned in my last letter, upon whom amputation at the coxo-femoral articulation was performed by Dr. F. F. Maury, at the Philadelphia Hospital, died two weeks ago—seven weeks after the operation. The disease, for which the limb was removed, returned in the stump, not, however, until union of the flaps had occurred in almost their entire extent, and the ligatures had all come away. As far as the operation was concerned, the case may be regarded as successful—death occurring from the return of the disease.

Dissection of the tumor and surrounding structures discovered an interesting condition in the occlusion of the internal saphenous vein for some distance, by masses of morbid matter, closely resembling the material of which the tumor was composed. At the autopsy the iliac veins were found in a similar condition. This occupation of the veins by diseased matter suggested the question as to its transmission to other parts of the system, and the developement of secondary formations. The evidence derived from this case was against its transmission in this manner, as the organs of the thoracic and abdominal cavities were reported free from disease.

The case of ovariotomy, by Dr. Atlee, reported in my last letter, terminated fatally, on the fifth day following the operation. In this case both ovaries were removed, and the case was complicated by extensive adhesions. As a post-mortem examination was denied, the causes of death could not be definitely ascertained. Since that time the Dr. has performed four operations, all of which have terminated successfully. Of the seven cases, of the new series of one hundred cases, but one has died. In the last case, although there were some adhesions, and the patient was much exhausted by long-continued suffering, the clamp was removed on the fourth day, the sutures on the sixth; and the patient sat up on the eleventh. In connection with this subject, I desire to call attention to an interesting and elaborate article by Dr. Lôen Sköldberg, of Sweden, published in the Swedish Archives of Medicine, on the early history of ovariotomy in England and America, and on the present position of the operation. The question of priority in the performance of this operation, for a long time a mooted one, is ably and fully discussed by the author. Referring to the cases of Houston, 1701, Percival Pott, reported in 1783, D. Zondi, and Laumonier, 1781, (Galezowski's he does not mention,) he argues that, as these cases were either partial or accidental, and not undertaken after previous diagosis, the claims of priority for these operators can not justly be conceded. He concludes that, "America is

the country which, with justice, claims to be regarded as the cradle of ovariotomy, and to Dr. Ephraim McDowell, of Kentucky, (born in Virginia November 11, 1771, died at Danville, June 25, 1830,) belongs the honor of being the first surgeon who, not only after previous diagnosis, undertook the first complete extirpation of a dropsical ovary, but also performed a whole series of these operations."

This, if I mistake not, is the first recognition of our country and of Dr. McDowell, on the part of European authors. This may be regarded strange, in view of the fact that they were so completely established by Prof. Gross in his report upon "Kentucky Surgery," published in 1852, and subsequently incorporated in his "System of Surgery."

Dr. S. W. Gross, the talented lecturer upon "Diseases of the Urinary Organs," in the summer school of the Jefferson Medical College, sails for Europe in a few days. He designs visiting the centres of medical learning on the continent and in England. He will devote most of his time to the study of his specialty, under the instruction of Sir Henry Thompson, in London.

We wish him "bon voyage." J. E. M.

BIBLIOGRAPHY.

CLINICAL LECTURES ON DISEASES OF THE URINARY ORGANS, DELIVERED AT UNIVERSITY COLLEGE HOSPITAL.

BY SIR HENRY THOMPSON,

Surgeon Extraordinary to H. M. the King of the Belgians; Professor of Clinical Surgery, and Surgeon to University College Hospital. London. With Illustrations. Henry C. Lea, Philadelphia, 1869. Pp. 204.

The American publisher has done the profession in this country a good service in issuing this truly practical and most valuable volume. It contains the lectures which have appeared in an abridged form in the *London Lancet*. Sir Henry informs us in his preface that they were never committed to writing by himself, but were reported verba-

tim by one of their best short-hand writers. He adds: "I now present, in one small volume, * * * the corrected copy in full, unchanged in form, and therefore unshorn of the familiarities which the conversational style peculiar—and, I believe, appropriate—to the class-room demands. And I do this, also, because I prefer that these lectures, originally short, should not suffer any abbreviation, and because I desire to offer, not merely to the members of my own clinical class, but to students at large, some of the fruit of long and careful study in that field of practical medicine in its widest sense, to which they relate."

The following is a list of the lectures: Introductory; Diagnosis; stricture of the Urethra; Hypertrophy of the Prostate and its Consequences; Retention of Urine; Extravasation of Urine and Urinary Fistulæ; Stone in the Bladder; Lithotrity; Lithotomy; Cystitis and Prostatitis; Diseases of the Bladder; Paralysis; Atony; Juvenile Incontinence; Tumors; Hæmaturia and Renal Calculus.

At this time we can only present to our readers the notice of the reprint of this excellent volume, and offer them the table of contents. We need not add that the work is the production of a master, and will prove most acceptable to every practitioner. We are promised a more extended analysis of the volume by one who, himself, has had a large share of experience in the treatment of these trying cases.

CARBOLIC ACID, ITS SURGICAL AND THERAPEUTICAL USES—A PAPER READ BEFORE THE CINCINNATI ACADEMY OF MEDICINE, JULY 17, 1869.

BY WM. B. DAVIS, M. D.

Cincinnati: A. Abraham, Book and Job Printer, 118 West Third street, 1869.

The brochure with the above title was read before the Cincinnati Academy of Medicine. It is contained in the *Cincinnati Lancet and Observer* for July. In its present shape it comes to us as a neat pamphlet of thirteen pages.

Dr. Davis presents a brief *résumé* of the history of Carbolic Acid, and its surgical and therapeutical uses, together with some observations made by himself in relation to its value in the treatment of diphtheria, measles, scarlet fever, small pox, etc. Dr. D. concludes that

in those diseases carbolic acid is a valuable medicine; but we can not say that the statistics presented warrant this conclusion.

There is quite a disposition on the part of many members of the profession, at present, to regard this article as a sort of universal panacea, and, as a consequence, many who use the medicine will be disappointed, notwithstanding its great value as a hygienic, therapeutic and surgical agent. J. R. W.

EMBOLISM.

BY S. D. SEELYE, M. D., OF MONTGOMERY.

From the Transactions of the Medical Association of the State of Alabama, at the Annual Session in Mobile, March, 1869. Montgomery, Alabama, 1869.

Dr. Seelye presents in this paper a record of an interesting case in which fibrous clots were found in the heart after death. This case serves as an introduction to the essay on "Arterial Embolism and Heart Clot," which follows. The literary history, pathology and treatment of Heart Clot and Embolism are briefly noticed in the ten pages devoted to the subject.

The only objection we have to this paper is, that it is too short. Ample justice can not be done to a subject like this, within the compass of the few pages to which Dr. S. has limited himself.

J. R. W.

MISCELLANY.

THE AIMS OF MODERN MEDICINE.—(We are indebted to the *New York Medical Journal* of July, for the opportunity of reading a most interesting essay bearing the above title, and which is credited to the *London Quarterly Review*. The last two pages are given below, in lieu of giving the entire article, for which we regret not having sufficient space. In reading this essay, we could not help guessing at its authorship; *ex pede Herculem*—there is but one man, in the medical profession, in Great Britain, and this is evidently the work of a doctor, that writes as this is written, and that man is Dr. Chambers):

The essential feature in a successful medicine is that it "*endows*" the imperfect body with a renewed function, or "*appropriates*" to its use some substance in which it is deficient.

This view as to the relation of disease and remedy is again growing rapidly, and is year by year more generally adopted by the profession. If printed proof of this be required, it is afforded by a list of the new drugs which have been first brought into general use since the era with which we have been comparing the present. Cod-liver oil, phosphate of lime, ox-gall, pepsine, pancreatine, are familiar instances of novel methods whose intention is to supply a corporeal want; while the advertising sheets of periodicals, and the displays on druggists' counters, show what sort of new preparations it is worth while to invent for the convenience of physicians and patients. Nearly all are of a *constructive* nature. Many of these are devised with narrow views, and prove fallacious accordingly (we may instance the inhalation of oxygen); but their very introduction shows the tendency. Many we do not know how to use yet, and must await bedside experience. Nevertheless, there they are: and the synthetical or creative direction lately taken by chemistry promises a rapid increase in their number.

It may be observed, also, that when a change is made in the explanation given of the action of an old-established treatment of acknowledged merit, that changed explanation always points to material added instead of material taken away. For instance, the beneficial results of vaccination used to be interpreted thus: it was supposed that the vaccine causes a fermentation in the body by which there is effected the destruction of some substance previously capable of accepting the small-pox poison; which, therefore, passes harmlessly through the person. Nowadays the pupil is told that the protecting virus unites with the supposed dangerous substance, and by its presence preoccupies the place which might otherwise have been open to the small-pox. It is suggested that thus it is easier to understand the cessation of the protection after a period of years, and that it is more in accordance with the analogy of nature for a base to be set free by the wearing away in time of its acid, than for a destroyed substance once gone to be created anew.

In all matters medical the high court of appeal is clinical experience. Arguing from this, some have suggested that theory is superfluous altogether, and that all to be done is to use what has previously been found to be useful. This would make all progress to consist wholly in accident. Before the almost infinite combinations of bodily derangement which are daily presenting themselves newly to the sight of the observant practitioner, he would feel utterly powerless, or else he must shut his eyes to any but the very simplest types of disease. This were folly in anybody, but in a consultant it is dishonest, for he is called in for the express reason that the case is one difficult from its novelty or rarity. As a matter of fact, however, few of these objectors ever do prescribe for a sick person without theorizing, and, when they have to put their reasons into words, very wild and absurd they

will sometimes be found. The only originator of action can be theory, and the choice lies between one that is taken up hap-hazard and one that is adopted on rational grounds.

But the high court of appeal is experience. Yes, the poet of the Greek race-course was quite right: "'Tis the trial proves the man." Clinical researches and empirical decisions must always hold the most honorable post of any department of medicine. Never probably was there a time when they were so highly appreciated as now; so that, with much confidence we can leave to be estimated by this measure the restorative system of therapeutics which we have augured to be so rapidly prevailing among our teachers of medicine.

The almost universal adoption, by all hospitals, of a system of registration and case-taking renders the dicta of experience of late years not only much more accurate, but much more rapid than in former times; it also guards against the fallacy of statistics collected for the special purpose of proving a particular point. A few hundred instances, carefully observed and tabulated, will produce an impression more distinct than many thousands loosely remembered and scattered through a generation, while unconscious documentary evidence is the strongest that can be had. An attempt also is being made by the British Medical Association to render available the cases occurring in private practice, by issuing printed schedules to be filled up in a uniform manner. The idea is a grand one, and, whether successful or not, the Association merits the blessing of all time for trying thus to utilize the waste of daily experience.

We must not despise the results of judiciously appropriated accident, leading to the discovery of the use of remedies. Melampus, the soothsayer, physician to one of the obscurer kings of Trace, observed, during one of his country rambles, that goats which had grown morbidly frisky were calmed after having instinctively or accidently browsed on a plant, since called Melampodium. So, on his patron's daughters falling into a similar state, he administered it, and effected a cure. A metropolitan hospital physician, a short time ago, ordered a baby under two years old, in a peculiar morbid state, what he considered the large dose of four drachms of rum. By mistake the prescription was read four ounces; and so the infant, instead of a tablespoonful, had three glasses a day of this powerful spirit. It throve wonderfully; but it was not till the end of the week that the prescriber discovered what a fortunate error had been committed. Now, in either of these cases, would the accident have given instruction, had it not chimed in with a rational theory in the mind of the observer? Deductions from accident offer an instance of the striking combination of experience and theory.

It is no reproach to the goodness of the road, that there are quicksands, into which those who follow the guidance of restorative medicine may easily fall, if they are careless walkers. Those from which at present we foresee most danger are "efforts of Nature," "*la médecine expectante*," and alcohol. The attribution of disease to efforts of Nature has already been alluded to as a valuable reform upon absolute

Galenism. Sydenham assumed that these efforts are necessarily good, and that the principal duty of the physician is to aid them in expelling morbific material, or at all events, not to hinder them doing so. Good for the type, good for the race, good for the kind, good for the kin, perhaps reverence for what Nature really means, will induce us to acknowledge those efforts to be. We will allow that to the case of man, the lessons of "scarped cliff, and quarried stone" do not apply, for supernatural means have been taken to inform us that our type is already moulded on the highest model, and worthy of the highest care. But to the individual Nature is merciless. And it is with the individual that the physician has to do. Will the mother resign to the grave her cross-grained, deformed first-born, because it would be better for the race, nay better for her own immediate kin, that the family should be continued by his younger brother? Many a cumberer of the ground, when laid on a sick-bed, feels that, so far from being missed, his place will be more worthily filled up, after sundry efforts of Nature for the good of mankind have been successful; yet he elects to stay. Many a patient knows that science would be immensely enlightened by a sight of his remains—but he had rather not. Before we assist efforts of Nature, we must have evidence that their end is not our extinction, not a capital punishment for neglecting to use our reason.

La médecine expectante is simply a disbelief in the utility of all interference. A young man hears his elders point out the harm done by some previously popular treatment, but he fails to understand what is substituted for it. So, knowing that a certain percentage of his patients will recover if he does nothing, he takes that course. Let him reflect that possibly the very case before him may be the one which makes the difference in the percentage, which, naturally fatal, may be healed by art, and we think he will be roused to action. Let him also observe that the evidence of history shows a progressive improvement in medicine; the denounced treatment was probably better than that which was popular before it, and that better than leaving the patient to hurt himself by fallacious struggles for health. It is better, therefore, to do something of which he knows the imperfection than to do nothing at all. Asclepiades very properly called all medical science, which does not end in action, "a meditation upon death."

Alcohol is perhaps the greatest danger of the three, inasmuch as its use involves questions of quantity and degree, the solution of which is always painful to superficial minds. Because, in small amounts and in selected cases, it is followed by an increase in the vital functions, there is a tendency to hope from these effects a pure gain of vital force, and to lean on it alone. Experience does not justify that hope; it shows, that, while, up to the limit of aiding perverted digestion, alcohol is a decided restorative and promoter of life, beyond that limit it actually arrests life in a degree proportioned to the dose. The limit differs in every disease; so that, in this powerful agent, instead of having an easily-managed tool, we are wielding a weapon requiring great skill and foresight.

Forewarned and forearmed against these perils, and kept straight by a constant appeal to experience, we feel sure that what we have made bold to call "restorative medicine" can not but prolong human life, and lighten its burdens. We have shown it to be unconsciously adopted by the rising teachers of the present and future, and may confidently expect that at no distant time it will be put more distinctly into form as the true art of healing.

Before we conclude, we would take leave to say a few words as to the duty of the public, in performing their part in promoting the progress of which we have been trying to trace the footprints. Their principal duty bears, like all those which political economists class as virtues, a selfish character; it really may be summed up in an endeavor to set a higher value upon their lives than on their property. The proof of their doing this will be their taking steps to secure, to that profession which guards those lives, opportunities for the highest and most protracted education, and means for carrying out its investigations into nature.

This consummation is certainly far from being yet attained. A tale is told of a Scotch farmer, who protested loudly against the apparently modest sum of half a crown a visit for attendance on his wife—"Eh—it's just ruinous! Half a croon! And I can ha' a coo-doctor for three an' saxpence!" Inasmuch as the human body is neither eatable nor saleable, he reckoned it as of inferior worth to the bovine. A not dissimilar spirit is shown in an unhesitating vote by Parliament of 3,000*l.* for the cattle-plague inquiry, while not a penny was allowed for an investigation into the spread of leprosy in our colonies, while every item of expenditure for increasing the efficiency of the medical profession is haggled over, and every attempt to enforce a higher education looked at with coldness and suspicion, for fear the enhanced goodness of the article should entail a corresponding rise in its price. Surely this is a suicidal proceeding. Let each educated person examine for himself the kinds of knowledge needful for this profession of medicine, and he will not fail to be convinced that not shrewdness, or knack, or habit learned from tradition, can be the chief virtues of its students. There is scope in it for the highest and broadest intellects, and he is most suited to be your physician who is most worthy of the name of man. It is your business to give him every encouragement to make himself so by a leisurely and complete, and therefore, expensive, education.—*London Quarterly Review.*

NEW PHASE OF THE VELOCIPEDE MOVEMENT.—We regret that an unseemly case came into the Durham Borough Police Court on Monday. One surgeon (Mr. Jepson) charged another (Mr. Blackett) with having committed damage in his field by practising on a velocipede. The damage was so slight as not to admit of statement or computation, and so the charge broke down. The misfortune is—the charge being so slight—that local rumor attempted to explain the case by a supposition of professional jealousy on the part of the prosecutor. It is no doubt unpleasnant to have a field cut up with the experiments of

adventurous velocipedists; but Mr. Jepson should have suffered some damage, and have exhausted other modes of redress, rather than take a professional brother into court.—*Lancet*, July 10th.

THE BLESSINGS (!) OF POVERTY.—A series of articles on "Political Economy and its Application to Popular Science Questions," is being published in the *Weekly Scotsman*. The following extract on the benefits of poverty is a good specimen of the writer's style, and worthy the attention of a profession that sees so much of poverty:

"One of the oldest and noisiest of cants of which this world is full, is the cant about the benefits of poverty. Perhaps nobody believes it; but how ready most of us are to enlarge on the inexpressible blessing of having nothing! This cant is the cardinal doctrine of asceticism. It is the cry of all the Senecas that ever lived, whether they have come as Roman stoics, preaching in purple and fine linen and with well weighed epigrams the vanity of riches, or as Puritans, the modern stoics. It is one of the commonest, most Protean, and abiding misrepresentations of Christianity. Yet, an instinct not to be preached out of existence, impels men to gather wealth, as an instinct impels bees to gather honey. Moralists and preachers notwithstanding, man goes to the mill, or the field, or the sea, as the bee to range over the wild thyme or clover. Surely for grown men it is time to cease talking as if there were affinity between brown bread and any of the cardinal virtues, or as if charity were incompatible with broadcloth worth so much a yard, and to hint that we are nearer the state of original innocence the less garments we possess, or that a man is in a good way provided he have holes in his stockings. Let him darn them, and a step is taken. We do not deny that on potatoes and dripping may be nurtured the sturdiest virtues; but some moralists forget that the former do not insure the latter. How many things are impossibilities without wealth! Civilization, and all that it brings in its hands—leisure, knowledge, culture, the fine arts, and, vastly more momentous, the hope of a better lot for the millions that must now labor on unenlivened by rays of worldly prosperity, happy if they can deaden their desire of that smoothness of life which all of us at some time or other dream of—are possible only with a large accumulation of wealth. Without there is no immunity from famine. Our ancestors, being poorer than we are, lived lives that were on an average shorter than the lives we live now; and, if things march as we desire and hope that they will march, our children will live longer than we live. To the increase of wealth, we owe in great part political emancipation; to the poverty of the world, we owe the very existence of slavery; for, as Aristotle long ago remarked, if the chisel and axe could work of themselves, there would be no slaves. And when a country becomes so wealthy as to be able to yoke wind, water, and steam, so that the chisel and axe do work of themselves, slavery is rendered unremunerative and antiquated—in his own interest, the master frees the slave."—*Medical Press and Circular.*

EDITORIAL AND MEDICAL NEWS.

THE SOCIAL EVIL is a subject which, however painful and even repulsive, demands especially the study of intelligent physicians. Medical men know vastly more than any others the physical disorders and the terrible disease which, though not *necessarily* connected with Prostitution, so often are its consequences; they have, too, probably, a broader mantle of charity to cast over the erring than has the rigid moralist, who would utterly cast out all who fall below the high ideal of absolute virtue and purity; they are disposed to recognize the imperfections and the weaknesses of human nature, and would, had they the power, so make laws and govern in this regard as to attain the greatest possible good with the least evil, knowing that absolute perfection in human character and human conduct is now but the millenial dream of a future more or less remote.

An acute observer, and one of the most philosophic writers of the day, has remarked that, "Licentiousness is the vice of young men and of old nations." Now, though our own nation can not justly be termed old, it is, probably, the observation of many in our profession, that if *prostitution* has not decidedly increased within the last few years, *venereal diseases* have; probably facts would as fully justify the former assertion as the latter. But be this as it may, can we as medical men do nothing to check the spread of syphilis? From wives, whom we have seen suffering, often ignorantly, for the gallantries of husbands untrue to marital vows; from young men, their life-hopes blasted, possibly by a single indiscretion, or crime, if you please, committed under the impulse of hot passion; from children, born to a heritage of disease, and with wailing voices, emaciated bodies, and with the beauty of infancy sadly marred and disfigured, sinking into early graves, or else living on and growing up to be mere fragments of humanity, the degenerate offspring of degenerate sires, and transmitting, peradventure, tainted, or at least enfeebled, constitutions to their offspring in turn, appeals go up to every humane physician urging his efforts if not to "stamp out," as Sir James Simpson has recently proposed should be done in reference to small-pox, syphilis, at least diminish the number of its victims and the extent of its ravages.

Of course reasonable medical men, indeed all intelligent men, devising means to restrain evil, will not shut themselves up to the supreme folly of legislating human beings into a state of moral perfection; they know how little unmixed good is to be found in human experience, and will accept the lessening of evil when it can not be entirely removed, and be willing to have a partial good where the complete is unattainable.

It is true, as observed by one of the most recent writers on *Venereal Diseases*, "Continence is the only safeguard against venereal contagion."* This author goes on to say that, "the time is still remote when this vice, *i. e.*, prostitution, which has existed from time immemorial in all civilized communities, may be expected to cease. For this reason it is more imperative to check the progress of those contagious diseases, which, though spread by promiscuous intercourse, are not a necessary accompaniment of prostitution. They injure not only those indulging in the vice, but also numbers of innocent persons and society at large to an enormous extent." Mr. Hill states distinctly, and enforces his statement by conclusive statistics, that "*the utility*"—we italicise his words—"*of sanitary restrictions has been demonstrated in almost every place where they have been instituted.*"

With such light upon the subject, ought not physicians to advise, in the interests of society, for the sake of health and to repress disease, legislative authorities, whether State or local, that not only prostitutes, but their male associates, should be subjected to at least weekly examinations, and the moment one of either sex becomes diseased, put her or him in quarantine until cured?

Neither time nor space will now permit the discussion of this question; but we beg our medical friends to consider it well, and let them see if they can not do something towards checking the spread of venereal diseases. Still farther, as bearing upon this general subject, we ask them to give heed to the following striking passages from a remarkable † work recently published in England and republished in this country. Especially do we ask that they note the author's statement as to how the preservation of "the purity of countless happy homes" is attained, and also as to "the neglect of legislators," a neglect quite as apparent in this country as in his own:

"In no highly civilized society is marriage general on the first development of the passions, and the continual tendency of increasing knowledge is to render such

* Berkeley Hill's work—page 253.
† History of European Morals, from Augustus to Charlemagne—By W. E. H. Lecky, M. A., vol. II, pp. 298-301

marriages more rare. It is also an undoubted truth that, however much moralists may enforce the obligation of extra-matrimonial chastity, this obligation has never been even approximately regarded; and in all nations, ages, and religions a vast mass of irregular indulgence has appeared, which has probably contributed more than any other single cause to the misery and the degradation of man.

"There are two ends which a moralist, in dealing with this question, will especially regard—the natural duty of every man doing something for the support of the child he has called into existence, and the preservation of the domestic circle unassailed and unpolluted. The family is the center and the archetype of the State, and the happiness and goodness of society are always in a very great degree dependent upon the purity of domestic life. The essentially exclusive nature of marital affection, and the natural desire of every man to be certain of the paternity of the child he supports, render the incursions of irregular passions within the domestic circle a cause of extreme suffering. Yet it would appear as if the excessive force of these passions would render such incursions both frequent and inevitable.

Under these circumstances, there has arisen in society a figure which is certainly the most mournful, and in some respects the most awful, upon which the eye of the moralist can dwell. That unhappy being whose very name is a shame to speak; who counterfeits with a cold heart the transports of affection, and submits herself the passive instrument of lust; who is scorned and insulted as the vilest of her sex, and doomed, for the most part, to disease and abject wretchedness and an early death, appears in every age as the perpetual symbol of the degradation and the sinfulness of man. Herself the supreme type of vice, she is ultimately the most efficient guardian of virtue. But for her, the unchallenged purity of countless happy homes would be polluted, and not a few who, in the pride of their untempted chastity, think of her with an indignant shudder, would have known the agony of remorse and despair. On that one degraded and ignoble form are concentrated the passions that might have filled the world with shame. She remains, while creeds and civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people.

"In dealing with this unhappy being, and with all of her sex who have violated the law of chastity, the public opinion of most Christian countries pronounces an opinion of extreme severity. In the Anglo-Saxon nations especially, a single fault of this kind is sufficient, at least in the upper and middle classes, to affix an indelible brand which no time, no virtues, no penitence can wholly efface. This sentence is probably, in the first instance, but the expression of the religious feeling on the subject, but it is also sometimes defended by powerful arguments drawn from the interests of society. It is said that the preservation of domestic purity is a matter of such transcendent importance that it is right that the most crushing penalties should be attached to an act which the imagination can easily transfigure, which legal enactments can never efficiently control, and to which the most violent passions may prompt. It is said, too, that an anathema which drives into obscurity all evidences of sensual passions is peculiarly fitted to restrict their operation; for, more than any other passions, they are dependent on the imagination, which is readily fired by the sight of evil. It is added, that the emphasis with which the

vice is stigmatised produces a corresponding admiration for the opposite virtue, and that feeling of the most delicate and scrupulous honor is thus formed among the female population, which not only preserves from gross sin, but also dignifies and ennobles the whole character.

"In opposition to these views, several considerations of much weight have been urged. It is argued that, however persistently society may ignore this form of vice, it exists nevertheless, and on the most gigantic scale, and that evil rarely assumes such inveterate and perverting forms as when it is shrouded in obscurity and veiled by a hypocritical appearance of unconsciousness. The existence in England of unhappy women, sunk in the very lowest depths of vice and misery, and numbering certainly not less than fifty thousand, shows sufficiently what an appalling amount of moral evil is festering uncontrolled, undiscussed, and unalleviated, under the fair surface of a decorous society. In the eyes of every physician, and indeed in the eyes of most continental writers who have adverted to the subject, no other feature of English life appears so infamous as the fact that an epidemic, which is one of the most dreadful now existing among mankind, which communicates itself from the guilty husband to the innocent wife, and even transmits its taint to her offspring, and which the experience of other nations conclusively proves may be vastly diminished, should be suffered to rage unchecked because the legislature refuses to take official cognizance of its existence, or proper sanitary measures for its repression. If the terrible censure which English public opinion passes upon every instance of female frailty in some degree dimishes their number, it does not prevent them from being extremely numerous, and it immeasurably aggravates the suffering they produce. Acts which in other European countries would excite only a slight and transient emotion, spread in England, over a wide circle, all the bitterness of unmitigated anguish. Acts which naturally neither imply nor produce a total subversion of the moral feelings, and which, in other countries, are often followed by happy, virtuous and affectionate lives, in England almost invariably lead to absolute ruin. Infanticide is greatly multiplied, and a vast proportion of those whose reputations and lives have been blasted by one momentary sin, are hurled into the abyss of habitual prostitution—a condition which, owing to the sentence of public opinion and the neglect of legislators, is in no other European country so hopelesely vicious or so irrevocable.

"It is added, too, that the immense multitude who are thus doomed to the extremity of life-long wretchedness are not always, perhaps not generally, of those whose dispositions seem naturally incapable of virtue. The victims of seduction are often led aside quite as much by the ardour of their affections, and by the vivacity of their intelligence, as by any vicious propensities. Even in the lowest grades, the most dispassionate observers have detected remains of higher feelings, which, in a different moral atmosphere, and under different moral husbandry, would have undoubtedly been developed. The statistics of prostitution show that a great proportion of those who have fallen into it have been impelled by the most extreme poverty, in many instances verging upon starvation."

RACIBORSKI'S ADMIRABLE TREATISE ON MENSTRUATION, from which our readers will remember we took occasion to quote some months ago,

is reviewed, according to the *Boston Medical Journal* of July 22d, in the *Bulletin de la Thèrapeutique*, in a sprightly style. The reviewer quotes from the work the following anecdote, to enforce the author's advice that women, arriving at the menopause, should abandon gaieties and worldly pleasures, and devote themselves to beneficence and charity:

"M. Raciborski himself has a pet anecdote to show, as it is intimated, how circumstances sometimes lend themselves to the enforcement of the physician's edict. It tells of one of those women of the world, in whom the mushroom of autumn pushes its growth with unusual difficulty, and not without the attendance of neuropathic symptoms, liable to lead to a change of Doctor, if the medicine man employed be a novice. Now this lady, one day, suffering and disquieted, sent for our *confrere*, and at the conclusion of the interview promised that if she should get well she would submit to the wise advice with which he had for a long time importuned her. "I believe you are right, Doctor," said she. "I attribute my disorder to a keen mental disturbance. You know how we poor women are exposed in the world to be pursued by jealousy. Our pretended friends rarely pardon us the least success; and you know, my dear Doctor, that this was my lot for a long time. But, never before, in all my life, did I receive an affront like that offered me yesterday, in public, at the fancy ball of the Minister de ———. I had a ravishing toilette—a dress of pure white, covered with *ivy*, a brilliant on each principal branch. My hair was dressed to correspond. Everybody paid me compliments; and for an instant I had the weakness to believe in their sincerity. At the most blissful moment of triumph, however, a blue domino who was passing stopped, made a feint of examing me from head to foot and cried out in a loud voice, 'To-day, my beauty, your toilette is irreproachable in point of taste. Ivy! Everywhere ivy! So appropriate to *ruins*.'" The conclusion of the little secret drama was that Madame ——— submitted to cruel necessity, and from that day forth enjoyed perfect health."

We think there might be coupled with it the story of another of Raciborski's *clients*—also found in this work—who was so passionately fond of dancing that she hoped she might die waltzing!

*Proceeding of the Shelby County Medical Society.—Pursuant to a call the following physicians of Shelby county met in the Seminary in Shelbyville, Ind., July 10th, 1869:

Drs. Day, Green, McCrea, Gordon, Kennedy, Comstock, Elder, Collins, Wood, Updegraff, Robins and Slocum.

On motion, Dr. Green was chosen Chairman, and Dr. Collins Secretary.

The chairman stated that the object of the meeting was to consider the propriety of organizing a County Medical Society.

*These Proceedings were received too late for insertion in the proper department.

Remarks were made by several in favor of such a society; and on motion, it was unanimously

Resolved, That committees be appointed on permanent organization.

Committee on nominations: Drs. Day, Elder and Collins.

Committee on constitution and by-laws: Drs. McCrea, Collins and Green.

On motion, Dr. McCrea was invited to extend a personal invitation to the regular physicians throughout the county to be present and give the organization their support and influence at the next meeting.

There being no further business, the Society adjourned to meet at the same place on Saturday, July 24th, at two o'clock P. M.

SHELBYVILLE, IND., JULY 24, 1869.

The Society met pursuant to adjournment.

Present—Drs. Day, Green, Collins, E. S. Elder, S. F. Elder, Slocum, Leyter, McCrea, Gilmore, Robertson, Comstock, Gordon, Perry, Leinville and McFadden.

The minutes of the previous meeting were read and approved.

Dr. McCrea reported that he had notified twenty-four physicians to be present and participate in the meeting—fifteen reported favorably.

The report was received and accepted.

The committee on Constitution and By-Laws submitted their report, which was received and adopted.

The committee on nominations reported the following officers for the ensuing year:

For President—Dr. W. F. Green.
Vice-President—D. E. S. Elder.
Recording Secretary—Dr. S. P. McCrea.
Corresponding Secretary—Dr. G. M. Collins.
Treasurer—Dr. C. E. Slocum.

Who were declared duly elected.

The President appointed the following standing committees:

Committee on Admissions—Drs. S. F. Elder, M. B. Gilmore and S. A. Camstock.
Committee on Ethics—Drs. Day, Collins and Robertson.

Dr. Day moved that the subject for discussion at our next meeting be, Is diarrhœa a prerequisite to typhoid fever?

Dr. S. F. Elder moved that the proceedings of the meeting be published in each of the county papers and in the *Western Journal of Medicine*.

On motion, adjourned to meet the first Saturday of September, at ten o'clock A. M., in the Seminary.

S. P. McCrea, M. D., *Secretary.*

Iodine as a Specific Remedy in Intermittent Fever, is the title of an exceedingly interesting article in the July number of the *Archives Générales*, by Dr. Willebrand, Professor of Clinical Medicine in the University of Helsingfors.

It appears that more than four years ago, Professor Willebrand was led by chance to use iodine in the treatment of typhoid fever. Since that time he has pursued his experiments, abundant opportunity having been afforded by the great prevalence and intensity of typhoid fever in Finland, consequent upon the famine and misery which scourged the people. These experiments have satisfied him that, while the disease can not be cut short by iodine, any more than by any other known therapeutic agent, yet this medicine exercises upon the typhoid poison and the fever resulting from it an influence so favorable as to remarkably lessen the mortality. He observes, that in the last half of 1868 the exanthematous form of typhus gave place to abdominal typhoid, and that iodine even in this last form appeared to produce a salutary effect. Certain forms of intermittent fever, occurring during the prevalence of typhus and of typhoid, from which they could not be diagnosed during the first days, were subjected to iodine treatment, and with remarkable results. It was soon ascertained that malarial fever could be combatted with other specifics than cinchona, and that iodine was one of these. The iodine was administered in solution. One gramme of iodine and two grammes of iodide of potassium were dissolved in ten grammes of distilled water; five drops of this solution were given in water every two hours each day. Iodide of iron was administered in doses of ten centigrammes four times a day for the paludal cachexia and the anæmia consequent upon intermittent fever.

The author then details nineteen cases of intermittent successfully treated with iodine—most of them yielding after the second attack, this second paroxysm being generally much milder. There were only two cases in which the disease was not conquered before the fourth. From the spring of 1868 to the following autumn not a single case of paludal fever was treated by quinine.

The author believes, from his experience, that iodine deserves to be ranked as a specific remedy in malarial intermittent fevers, and that per-

haps it has an advantage over quinine in this regard, that after intermittents are cured by the former, relapses are less liable to occur than when the cure has been by the latter.

Professor W. states that neither in infancy nor in advanced age, has the iodine any injurious effect, and that the opinion emitted by Trousseau and Pidoux to the effect that it is a tonic, is true. Pulmonary affections did not prove an objection to its administration. Even the nausea and vomiting of the grave forms of intermittent yielded as if to a true specific.

So much for Professor Willebrand's article. The employment of iodine in intermittents is not a new thing. Upon referring to Bouchardat, *Manuel de Matiére Medicale de Therapeutique et de Pharmcie*, tome second, page 647, we find, according to the formula of Barilleau, the tincture of iodine, ten drops, in infusion of camomile, three times a day—continued several days, as given in intermittent fevers; while that of Barbas is iodine in the same quantity, but administered in infusion of chicory.

Nevertheless, it may be better, as advised by the Finland Professor, to give the remedy in aqueous solution, in smaller doses, and with briefer intervals.

We hope if any of our friends should give a faithful and full trial to iodine in intermittents, they will have the kindness to give us the results. Our country practitioners, who are obliged to furnish medicines to their patients, would be saved many a dollar if iodine should be proved to possess anything near the antiperiodic power of quinine.

Medical Students have presented them at this season of the year abundant invitations to attend medical lectures. "Announcements" are almost as thick as autumnal leaves in Val——something, we say as thick, some of them thicker, not as numerous; as usual, a few of these advertisements glorify the professors to an extent slightly astonishing, were it not known that the true glorifiers were possibly the glorified. It comes to pass, now and then, that the weakest institutions are the loudest in self-praise and promises—a very light body can readily be driven to a temporary elevation by diligent puffing and blowing, and the lighter it is the more encouragment for such windwork. But, alas! the poor students, tempted this way and that, lured hither and thither—so many portals of science opened to them, so many arms outstretched to recieve them, so many great men ready to instruct them, and hands ready for their fees—what are they to do?

The boldest attack made yet, at least the boldest we have any cognizance of, comes from an institution styled *the Philadelphia University of Medicine and Surgery*. This famous University happens to have two methods of warfare to take captive prospective doctors. In the first place, it issues a circular, or announcement, which has enough of eulogistic material spread thickly upon its teachers to meet the requisitions of a dozen ordinary college circulars; this "announcement" gives a sort of biographical dictionary of most of these teachers, all of whom are great men, and each one a little greater than any of the others; the entire thing is a sort of heavy broadside aimed at medical students *en masse*. This is the public demonstration. Now for the private. The University seems to have a sort of "sharp-shooter" to "pick off" by letter any who are rebellious and withstand the "announcement" battery. An Indiana physician who, unfortunately for the success of the sharp-shooting practice in his case, is already a graduate, received the following missive, or missile; and as he has no use for the generous offer, he wants it made known to others less fortunate. Upon consulting the biographical dictionary in the circular also sent us by Dr. C. with the letter, we find that the name appended to the letter has an A. M. and an Esq., attached thereto, and that the eminent owner thereof is "President of the Art Department," and "Professor of Technology." We don't know how much his technological professions amount to, but we believe him eminently fit for the Art Department. His *art* is, indeed, admirable.

How are medical colleges to meet the policy indicated in this letter? We can suggest nothing better just now, than that they should offer honorary degrees at half price, payable in Confederate money, and give a premium of ten dollars a head, payable in green backs, for all medical students, without regard to age, sex or color, delivered in good condition, warranted to matriculate, and to take out at least half the tickets.

And now here is the letter, *verbatim*, &c.; we hav'nt a doubt in reference to its genuineness:

"PHILADELPHIA, JULY 19, 1869.

"DR. WM. H. CYRUS—*Dear Sir:* I am informed that you are practicing physician, but have not graduated. Allow me to ask you whether it is your intention ever to attend lectures? If so, I can make very favorable arrangements with you.

"Perhaps with your experience and qualifications a part of the course may be dispensed with. I mail you an Announcement, and shall be pleased to correspond with you.

"Should you be disposed to state what credentials you can furnish, and your *wishes*, I may be able to render you some service.

"If you desire any of Dr. Paine's publications or to subscribe for the *U. Journal*, I should be pleased to receive your orders.

"Yours respectfully, L. FAIRBANKS,
"41 S. 10th st."

AT A MEETING of the General Council of Medical Education, and Registration, London, July 6th, a resolution to remove the name of John Pattison, M. D., of New York, from the Register, for infamous conduct in writing a threatening letter to the husband of a lady whom he had attended for cancer, was unanimously passed. It appears from the report in the *Lancet*, Dr. Pattison had received a hundred and fifty guineas for his services to the deceased lady, and he wanted a hundred more; upon the husband's refusing payment, the Dr. wrote threatening to publish the particulars of his wife's case, and also some strong observations upon his conduct towards her during her illness.

"MEDICAL OBSTETRIC ETHICS.—Dr. Wallace (Liverpool) is unquestionably right in the statement that a medical man called to a labor in the temporary absence of a professional brother, should immediately retire on the return of the medical man to whom the case belongs." This is an extract from an editorial note in a recent number of the *British Medical Journal*. The editor goes on to say that such conduct is "usual and right." We regret to say that this rule is not observed as it ought to be even by some who know better, and who prate loudly about *ethics*. An honorable physician will not continue his attendance upon a lying-in patient a single day, or a single hour, after knowing that the family physician, or one simply employed to attend the case, whether hitherto the family physician or not, can be obtained.

THE JOURNAL of the *Gynæcological Society*, of Boston, made its appearance in July. It is neatly printed, and its contents will be highly appreciated by every practitioner who is ever called to treat diseases of women. We hope it will be liberally sustained by the profession.

MEDICAL STUDENTS will observe the cards of five medical colleges in our advertising department. They, of course, will choose one or none of these, as they think best.

CIRCULAR NUMBER TWO, which is a *Report on Excisions of the Head of the Femur for Gunshot Injuries*, has been received from the Surgeon-General's office. We expect to have from one of our surgical friends, whose valuable contributions so often enrich the *Journal*, a full notice of this Report.

WITH THE next issue we expect to send bills to all delinquent subscribers. How many will pay now, and thus save themselves the annoyance of such personal and direct dun?

DR. AUSTIN FLINT, JR., we see from the *Archives Gènèrales* of July, has received a prize from the French Academy of Sciences, pour ses *Recherches experimentales sur une nouvelle fonction du foie*, experiènces originales et d'un grand intérêt pour la pathologie et la physiologie.

THE INTERNATIONAL MEDICAL CONGRESS OF 1869.—The International Medical Congress, which held its first meeting last year at Paris, will meet this year at Florence on the 20th of September, under the honorary presidency of M. Bouillaud. The work of the Congress will be divided as hitherto into two parts—namely, the discussion of the special questions in the programme, and communications on other medical subjects. The Committee have selected the seven following questions for this year:

1. Marsh miasm; the conditions of its development in different countries; its effects on man; the curative and preventive remedies.
2. The therapeutic value of the different methods of treating cancerous diseases; their indications and contra-indications; the value of general treatment.
3. The treatment of gunshot wounds, in relation to the progress of the art of war and of modern international law.
4. The hygienic conditions of hospitals, and the value of home treatment.
5. The influence of railways on the health of man.
6. The conditions which favor the production of endemic and epidemic diseases in great towns: the means of prevention, and the advantages to be derived from the proximity of great rivers and the sea.
7. The rights and duties of the medical man in relation to the Government in different countries, and the reforms which can be reasonably expected.—*London Lancet.*

INTESTINAL PUNCTURE IN TYMPANITES.—Under the advice of Dr. Fonssagrives, intestinal puncture, as a last resource, has been several times practised at Toulouse, on two patients suffering with tympanites. In the first case, the abdomen formed an immense mass; the patient was perfectly cyanosed and suffocating. An exploring trocar was inserted into the most distended part of the lower umbilical region. The gas escaped so violently as to extinguish a candle. The distension returning the next day, two fresh punctures were made in different places, and gave so much relief that the life of the patient was prolonged four days. In another case six punctures were successively made until the gases were naturally evacuated, and the patient cured.—*L'Un. Med.*

PROF. FRANK H. HAMILTON has recently received the degree of L. L. D. from Union College.

DR. RUTHERFORD, of Edinburgh, is Dr. L. S. Beale's successor in the Chair of Physiology at King's College.

THE BRITISH AND FOREIGN *Medico-Chirurgical Review* of July, in concluding a review of *Recent Works on Syphilis*—Lancereaux, Hill, Barton and Cullerier—uses the following language:

"Lastly, we may ask, Is there any rule to guide us in the treatment of syphilis by specifics or otherwise? In any given case can we say with certainty whether mercury should be used or iodide of potassium, or whether the case will do equally well without either of these remedies? To this we must answer, There is no absolute rule of this kind. There are, indeed, certain cases in which most surgeons prescribe mercury, and there are certain other cases in which most surgeons prescribe iodide of potassium; but, on the other hand, there are not wanting practitioners of experience and repute who tell us that all the forms of syphilis and its sequelæ will get perfectly well without any specific treatment at all. If there are any cases in which it is generally held that mercury is necessary, they are iritis and infantile syphilis, and yet we are now told that these cases do just as well without the specific as with it; while iodide of potassium, which has always been used for the less acute symptoms, is now thrown into the shade by fresh air and sea bathing! How far these views can be sustained, it must be left to experience to decide, but at present it appears to us highly unwise to lay aside altogether the use of mercury. In cases of syphilitic retinitis we have the clearest proof of its value, and we should be hardly justified in withholding it in a case of this kind. And, if the specific treatment produces such marked and beneficial results where we have the opportunity of observing its effect closely, may we not conclude that its influence is similar in other cases where we are unable to watch the affected

part with equal accuracy? Experience may indeed show that mercury is not necessary even in iritis and retinitis, but at present a surgeon would seem to be almost as much bound to give it in these cases as a physician would be to give quinine in an attack of ague. The organ which is affected is one of great delicacy, and of the utmost importance to the patient: mercury is nearer a specific remedy than any other we possess; and it can not be said that any serious evils are likely to follow its careful and moderate use. Thus, though we may say that there is no absolute rule to guide us in the administration of specifics, yet there are various cases in which it would seem that the surgeon is hardly justified in withholding mercury, and there are others in which pretty nearly the same thing may be said of iodide of potassium. In this opinion we are confirmed by observing the authors, whose works we have been noticing, all agree in recommending the cautious and temperate use of specific remedies."

*Speculum Illumination for Insects in the Ear.—On July 31st, 1869, L——, a boy, about ten years old, came into the office shaking his head violently, squalling most vociferously. Being unable to quiet his agitation, or to divine its cause by soporific words, I resorted to "gentle traction," and drew out from him that another boy had been pouring water into his left ear. An ear speculum was at once inserted and illuminated by means of a laryngeal mirror. A small black speck was sighted, which rapidly developed into a black ant. He (the ant) saw "salvation free," and made for the light *instanter*. So accelerated were his movements we could not contemplate them, and when he stood on his fore-legs in the expanded end of the tube, waving his bulbous extremity joyously in air, we misstook him for a "base-ballist" in a "striking" attitude, and dodged. That action, however, removed speculum, insect and the patient's distress.

I do not know that illumination by mirror has ever been broached for the removal of insects from the ear. It is a simple method, and, I doubt not, in every case, will prove quickly effective.

(Our Ohio friend, probably, was the witness of *auricular* confession when the ant was erect as he describes him, or it might have been a case of *ant-eversion*, while certainly its abrupt departure would be regarded as a case of acute *procidentia*.)

Wanted.—The September number, 1844, of volume IV, of the *Western Lancet*. The entire volume will be purchased, if the owner requires it. Address this office.

*This comes to us from an Ohio subscriber, without his name being *pre* or *af-fixed:* and as we received it, so it is given to our readers.